



# Equine Relinquishment / Third Party Assistance Questionnaire

## Owner Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_ email: \_\_\_\_\_

## Equine Information

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age/DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Color: \_\_\_\_\_

Markings: \_\_\_\_\_

ID#/Jockey Club: \_\_\_\_\_

Brand: \_\_\_\_\_ Location: \_\_\_\_\_

Reason for relinquishment: \_\_\_\_\_

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Please describe the equine's temperament and all habits: \_\_\_\_\_

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Does the equine have ANY health, illness, or lameness issues or past injuries? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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Please describe the equine's training/riding ability/competition experience(s): \_\_\_\_\_

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Please list dates of equine's last exam, treatment, vaccinations, deworm, hoof care, and dental care:

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Exam: \_\_\_\_\_ Issues: \_\_\_\_\_

Treatment: \_\_\_\_\_

E&W Encephalomyelitis: \_\_\_\_\_ Tetanus: \_\_\_\_\_

Rhino: \_\_\_\_\_ Flu: \_\_\_\_\_

Strangles: \_\_\_\_\_ Coggins: \_\_\_\_\_

Rabies: \_\_\_\_\_ West Nile: \_\_\_\_\_

Botulism: \_\_\_\_\_ Other: \_\_\_\_\_

Worming: \_\_\_\_\_ Product: \_\_\_\_\_

Farrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Hoof Care: \_\_\_\_\_ Shoes(?): \_\_\_\_\_

Dental Practitioner: \_\_\_\_\_ Phone: \_\_\_\_\_

Dental Care: \_\_\_\_\_ Issues(?): \_\_\_\_\_

Trainer: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Diet: \_\_\_\_\_

I hereby authorize the veterinarian, farrier, dental practitioner and trainer named herein to release information about me or my equine to AAE, as necessary to evaluate this application.

Owner Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Owner phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner email: \_\_\_\_\_

Question	Yes	No	Describe responses in detail. (Use additional page(s), if needed)
Is equine halter trained?			
Is equine social with humans?			
Does equine have good ground manners?			
Is equine suitable for beginning/novice handler?			
Is equine suitable for young/small child handler?			
Is equine compatible with men and women?			
If mare, is it possible she could be pregnant? If so, exposure date(s)?			
Is equine on any medications?			
Has equine been on any medications in the past?			
Is horse trained under saddle? If yes, provide detailed description of training, discipline(s), experience, type of rider suited for, and any other notable information?			
Does this equine have any known bad habits or vices (eg, bite, kick, buck, bolt, rear, strike, pull back, crib, weave, pace, or other)?			
Has the equine demonstrated any aggressive or unsafe behavior?			
Has this equine ever injured anyone?			
Has the equine been exposed to dogs or other animals?			

Question	Yes	No	Describe responses in detail. (Use additional page(s), if needed)
Has the equine been aggressive with or injured a dog(s) or other animals?			
Is equine spooky or sensitive to stimuli?			
Is the equine compatible with other equine?			
Is the equine kept with another equine?			
Is the equine kept in a herd environment?			
What is equine's dominant in herd? Describe behavior			
Is equine buddy sour or herd-bound?			
Is equine food aggressive?			
Does equine load readily and trailer confidently? Any type of trailer?			
Does equine tie?			
Does equine lunge?			
Is equine accustomed to stalling?			
Is the equine accustomed to blanketing?			
Does equine choke?			
Has equine ever experienced laminitis or founder?			
Has equine ever experienced any injury or illness?			
Other notable information?			
Please provide current photos of your horse(s) to include photos of entire horse from front, back, left, and right,			





# Equine Relinquishment Agreement

I, \_\_\_\_\_, declare, to the best of my knowledge, the above information is true and correct:

Equine's Name: \_\_\_\_\_ ID#/Brand: \_\_\_\_\_

I, \_\_\_\_\_, am the sole owner of the above named equine, and I hereby relinquish All About Equine Animal Rescue, Inc. (AAE) all ownership interest in the above named equine. \_\_\_\_\_ (initial)

I understand and agree that AAE will not be held liable for any ownership disputes resulting from this relinquishment. \_\_\_\_\_ (initial)

I understand and agree that AAE will not be responsible for any financial obligations incurred by the owner(s) and owner's agent(s) on behalf of this equine prior to its relinquishment to AAE. \_\_\_\_\_ (initial)

I understand and agree that I am transferring complete ownership of above named equine to AAE, and that AAE has full authority for all necessary veterinarian procedures including euthanasia, if necessary. \_\_\_\_\_ (initial)

Should AAE find a suitable home, I understand that I am consenting to subsequent adoption of the equine by an individual/organization approved by AAE. \_\_\_\_\_ (initial)

This form must be returned to All About Equine Animal Rescue, Inc. prior to acceptance of above named equine

All About Equine Animal Rescue, Inc.  
2201 Francisco Dr. #140-174  
El Dorado Hills, CA 95762  
Faxed to 877-766-6495.  
Scan/Email: info@allaboutequine.org

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Will you be making a tax deductible donation to help cover the costs of caring for and/or treatment of this equine while it is with AAE? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Amount: \_\_\_\_\_

Received By: \_\_\_\_\_

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ CC: \_\_\_\_\_



## All About Equine Animal Rescue, Inc.

### Authorization for Release of Veterinary Records

I, \_\_\_\_\_, the undersigned, do hereby grant my permission to release to All About Equine Animal Rescue, Inc. a copy of all information contained in the veterinary medical records for the following horse(s):

Horse #1: \_\_\_\_\_

Horse #2: \_\_\_\_\_

Horse #3: \_\_\_\_\_

Records may be scanned/emailed to [wendy@allaboutequine.org](mailto:wendy@allaboutequine.org), faxed to 877-766-6495, or sent via USPS to:

All About Equine Animal Rescue, Inc.  
2201 Francisco Dr. #140-174  
El Dorado Hills, CA 95762

### Declaration

I authorize the release of all veterinary records to All About Equine Animal Rescue, Inc. for the horse(s) named above. I understand All About Equine Animal Rescue, Inc. will utilize these records, as needed.

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Print Name: \_\_\_\_\_