

## Blue Moon Rescue & Sanctuary 1851 E. Perkinsville Rd ~ Chino Valley, AZ 86323 928 925-7724

 $info@bluemoonrescue.org \verb|--www.BlueMoonRescue.org|$ 

## **Surrender Agreement**

Horse's Full Registered Name		
Horse's Nickname		
Registration Association and a (if available, original breed tra	#nsfer w/ signed transfer papers must be submitted	d with this form)
Breed	Age	
Gender	Color	
Descriptive markings tattoos 8	k brands:	
Current Owner		
Address	City/St/Zip	
Phone:	Email:	
How long has this horse been	with the current owner?	
What Diet & Supplements has	this horse been on?	
Any know feed or medication	allergies?	
Reason for surrendering this h	norse to Blue Moon Rescue & Sanctuary:	
(We do NOT judge people bas	sed on their reasons for surrendering their equine	es)
Most recent vaccinations & d	ate administered:	
Last dental exam & proceedu	es?	

Most recent de-worming including date administered and product used:
Does this horse have a current negative Coggins test? Yes No (If so original Coggins test must accompany this form)
Known unsoundness, lameness or other medical conditions:
*Does this horse stand tied? Yes No
*Does this horse lead? Yes No
*Does this horse stand for the farrier? Yes No
If this horse has been ridden, please describe extent - Round Pen? Trail? Parade? Raced? Rodeo?
Please list all special needs, likes/dislikes, quirks, vices or any other necessary/useful information.
(This information will help us with the rehabilitation process and helps keep us safe.)
If you would like, on a separate sheet of paper you are welcome to write a brief or not so brief history of this horse. This information would only be used to inform potential adopters of this horse's past. Release:
I,
Signed:By:Date:
Owner Printed Name