



Voice For Horses Rescue Network, Inc
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Transfer of Equine Between Rescues

Rescue receiving the equine:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail address: _____

Rescue the equine is transferred from:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail address: _____

Equine information:

Name of equine being transferred: _____

If equine is registered, what registry? _____

Registration number? _____

Color of equine: _____

Markings on equine: _____

Age: _____ Height: _____ Weight: _____ Sex: _____

How did the equine come into your possession: _____

If equine is micro-chipped, tattooed or branded, list information: _____

Temperament (1-10 scale, 1 = very quiet, 10 = highly spirited): _____

(1-10 scale, 1 = Nasty or afraid, 10 = Extremely friendly) Friendliness towards –

Adults _____ Children _____ Horses _____ Dogs _____

Riding ability: (check all that apply)

Not rideable: lameness or injury _____ Not rideable: Lack of training _____

Not rideable: young age _____ old age _____ light/medium riding: _____

Children at walk _____ Adults at walk _____

Has equine been trained or had experience in: (check all that apply)

General Western Riding _____ Western Pleasure _____ General English _____

English Pleasure _____ Endurance _____ Eventing _____ Trail _____

Competitive Trail _____ Jumping (how high) _____ Dressage _____

Driving _____ Reining _____ Barrel Racing _____

Youth Horse _____ Other: _____

Is this equine currently suitable or have potential for: (check all that apply)

General Western Riding _____ Western Pleasure _____ General English _____

English Pleasure _____ Endurance _____ Eventing _____ Trail _____

Competitive Trail _____ Jumping (how high) _____ Dressage _____

Driving _____ Reining _____ Barrel Racing _____

Youth Horse _____ Other: _____

Describe any competitive experience this equine has: _____

Has this equine ever: (check all that apply and if "yes" explain in space provided)

Bucked? _____ Reared? _____ Kicked? _____ Bitten? _____ Other? _____

Is equine easy to: (check all that apply)

Lead _____ Clip _____ Tie _____ Trailer _____

Describe any current or previous health or lameness problems: _____

Does the equine have any special needs? _____

Is the equine current on vaccinations? List which vaccination and when received:

Does the equine have a current negative Coggins test? _____

When was the last time the equine had any dental work? _____

Wormed? _____ Hooves trimmed? _____

Does the equine get along with other equines? _____ What type of housing situation is
the equine used to (pasture, stall, etc)? _____

Current feeding requirements: _____

Any other information that could enable us to find the equine the best possible home?

I, the undersigned, state truthfully that I am legally entitled to act as a representative for
the rescue from which the equine is being transferred.

The equine described above is being transferred to the receiving organization for
placement in their fostering and adoption programs.

There are no liens or claims against the equine. If any liens or claims are found, the organization from which the equine is being transferred will be solely responsible for them and will indemnify the receiving organization from all damages that they may suffer due to the initiation of legal proceedings brought against myself and/or the receiving organization arising from the former ownership of the equine described above. By signing, I declare that the above information on the equine is true to the best of my knowledge.

Additionally, the organization receiving the equine agrees to return the above-described equine to the organization transferring the equine in the event that the receiving organization is dissolved for any reason.

Furthermore, by signing this contract, the organization from which the equine is being transferred, attest that we are releasing this equine completely and voluntarily. We have read and fully understand the policies of the receiving organization and realize that in the event the existing policies do not cover a specific situation, the receiving organization will use its best judgment and ability in handling the situation in the best interest of the equine.

This contract is the complete and entire agreement between the parties and completely merges and supersedes all prior and contemporaneous oral or written discussions, negotiations and agreements. No additions or modifications to or deletions from this contract shall be effective unless executed in writing by the parties, and attached to this Contract as an Addendum. Please note yes or no in the space provided whether an addendum is attached. _____

Representative for the Organization from which
the Equine is being transferred.

Date

Representative of the Organization that is receiving
the Equine.

Date