

## Voice For Horses Rescue Network

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E-mail: [www.voiceforhorses@wmconnect.com](mailto:www.voiceforhorses@wmconnect.com)

Website: [www.voiceforhorses.org](http://www.voiceforhorses.org)

### Donation Agreement

All equine donated to Voice For Horses Rescue Network (VFHRN) are donated without any restrictions pertaining to their use. Generally, following their donation, the equine is examined to determine what, if any, rehabilitative treatment is required. Following any treatments deemed necessary the equine is put up for adoption.

VFHRN may, in its discretion, elect to adopt select equine to third parties, and will use the proceeds from such adoption to be used by VFHRN for financing its corporate purposes.

If the horse is pregnant at the time of donation, or is donated without acknowledgment of the pregnancy, any offspring is the property of VFHRN. Owners acknowledge that equine with disabilities that euthanasia by VFHRN may be the last resort.

VFHRN is exempt from Federal Income Tax under section 501(a) of the Internal Revenue code as an organization described in section 501(c) 3 of the Internal Revenue code. Consequently, you may wish to consult your tax advisor regarding the deductibility of your donation to VFHRN.

Upon receipt of your donation, VFHRN agrees, subject to the foregoing, to provide for the boarding and health care of the equine. VFHRN further agrees to adhere to all relevant Federal and Ohio laws pertaining to Animal Welfare.

No equine will be accepted for donation by VFHRN without receipt of this fully completed donation form. The equine registration papers, medical history and other pertinent history, if any, should accompany it at the time of the donation. Donor/s who import from out of state must meet import requirements. Equine must also have a current Coggins Test (EIA).

#### Owner Release

Equine Name/ID#/Tattoos \_\_\_\_\_ Gender \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ D.O.B \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

I hereby certify that I am the owner or authorized agent for the owners (circle one), of the described equine above and give VFHRN authority to transfer ownership of the equine and/or to practice euthanasia at anytime and in whatever manner. VFHRN has deemed appropriate. I hereby remise, release and forever quit-calm unto VFHRN, its employees, successors, and assigns, any and all actions and manner or actions, causes of actions, debts, dues, claims, and demands, both in law and equity, which I have either now of for the future against VFHRN or its transfer of ownership of the equine to VFHRN and VFHRN subsequent treatment, transfer or ownership or euthanasia of said equine.

Owners

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

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Signature of Owner/Agent \_\_\_\_\_

Signature of VFHRN Representative \_\_\_\_\_

NOTE: Value of Donation \$ \_\_\_\_\_. We strongly urge you to check with your tax advisor or lawyer before filling in this amount. VFHRN cannot establish the value of the animal being donated, and this blank DOES NOT need to be filled in to complete the donation of the equine. You may leave it blank if necessary, and fill the value in on the signed donor form that VFHRN will mail back to you along with a copy of our determination letter. This will serve as your tax receipt for tax purposes.

VFHRN Equine Information Form For:

\_\_\_\_\_ (equine)

\_\_\_\_\_ (owner/agent)

\* Who is your current Veterinarian? \_\_\_\_\_

\* Is the equine current with vaccinations? Yes No date of last  
Vaccinations \_\_\_\_\_

\* What was the equine vaccinated for? EEE - WEE - Potomac Horse Fever - Rabies  
(circle all that apply) West Niles Virus - Strangles - Influenza - Tetanus

\* Date of last Coggins Test (EIA) \_\_\_\_\_

\* Is equine currently on a de-worming program? Yes No if yes, explain \_\_\_\_\_

\_\_\_\_\_  
\* Does equine have any Medical/Allergies problems? Yes No if yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Does equine have any Lameness problems (Arthritis, Navicular, Ring Bone etc.)? Yes No  
if yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Has equine had any dental work done (floating, wolf teeth, complete balancing)? Yes No if  
yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is equine on any prescribed medication? Yes No if yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Name and Number of your current Farrier \_\_\_\_\_ ( ) \_\_\_\_\_

\* Date of last trimming \_\_\_\_\_

\* Has horse ever had shoes? Yes No if yes, explain \_\_\_\_\_

VFHRN Equine Information Form For:

\_\_\_\_\_  
(equine)

\_\_\_\_\_  
(owner/agent)

\* What type of feed is equine on \_\_\_\_\_ amount: A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

\* What type of hay/how many flakes \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

\* Is horse on any supplements? Yes No if yes, explain \_\_\_\_\_

\_\_\_\_\_

\* Has horse had salt or mineral blocks accessible? Yes No if yes, explain \_\_\_\_\_

\_\_\_\_\_

\* Does horse have any vices (i.e.. pawing, cribbing, bucking, biting, kicking)? Yes No  
If yes, explain \_\_\_\_\_

\_\_\_\_\_

\* Is the horse able to be ridden? Yes NO if no, explain \_\_\_\_\_

Does the horse have any riding restrictions/limitations? Yes NO if yes,  
explain \_\_\_\_\_

\_\_\_\_\_

\* Does horse get along with other horses? Yes No if No, explain \_\_\_\_\_

\_\_\_\_\_

© COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you; this information will help us understand the equine better

