

Voice For Horses Rescue Network

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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) & Vaccinations (acceptations on a case by case basis).

Owner Release

Equine Name/ID#/Tattoos _____ Gender _____

Breed _____ Age _____ D.O.B _____

Description _____

Equine Name: _____

Breed: _____

By signing this contract, I, the undersigned donor of the above described equine understand and agree to the following:

I am giving up all my rights, title, and interest in the above described equine to Voice For Horses Rescue Network, Inc. (hereinafter known as 'VFHRN').

There are no liens or claims against the equine, and if any liens or claims are found, I will be solely responsible for them and will indemnify VFHRN from all damages VFHRN may suffer due to the initiation of legal proceedings brought against myself and/or VFHRN arising from my former ownership of the above described equine.

I am releasing this equine completely and voluntarily.

I have read and fully understand the policies of VFHRN and realize that in the event the existing policies do not cover a specific situation, VFHRN will use its best judgment and ability in handling the situation in the best interest of the equine.

I understand that once I release the equine, I will not be able to visit the equine or have control over the equine's care. I understand that VFHRN will provide for the equine per their policies and in the event the existing policies do not cover a specific situation, VFHRN will use its best judgment and ability in handling the situation in the best interest of the equine.

I understand that VFHRN will not accept the equine until I have signed and returned this contract and have provided VFHRN with a copy of the equine's veterinary records from the previous 12 months if applicable.

*I understand that this equine must have a coggins test, vaccinations, farrier care and worming prior to being accepted into the program, or a Donation of \$125 will be required at the time of acceptance to cover the veterinary fees. VFHRN will make acceptations as to the fees on a case by case basis.

*Transport of said equine is at the cost of the owner to get it to the rescue, VFHRN may make acceptations on the transport fees on a case by case basis

I understand that VFHRN may decline to accept the donation of this equine at any time. until the equine can be accepted into VFHRN program.

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. _____ **initial** (Any addendum is only valid if both the donor and VFHRN sign and agree to the addendum).

By signing, I declare that the above information on the equine is true to the best of my knowledge and 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, volunteers, board members, 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 or 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.

Signature of Donor(s)

Date

Printed Name of Donor(s)

Signature of VFHRN Representative

Printed Name 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

Donor Information:

Name: _____

Mailing Address: _____

City, State & Zip: _____

Home phone: (____) ____-____ Alternate phone: (____) ____-____

Email Address: _____

May we allow potential adopters of the equine you are donating contact you? _____

Equine Name: _____

Breed: _____

Veterinarian Information:

Veterinarian's Name: _____

Business Name: _____

Mailing Address: _____

City, State, Zip: _____

Business phone: (____) _____ - _____ Business Fax: (____) _____ - _____

Email address: _____

Equine Information:

Name: Breed: _____

Age: _____ Sex: _____

Height: _____ Weight: _____

Color: _____ Markings: _____

Reason for donating this equine: _____

Horse Name: _____ Breed: _____

Is equine registered? _____ Registry Name: _____

Registration number: _____ (registration papers must accompany the horse & signed by the owners)

Name of Dam (if known): _____

Name of Sire (if known): _____

Equine Name: _____

Breed: _____

Is the equine micro-chipped? _____ Whose name is the microchip information in? _____

Is the Horse Branded? _____ Where is the Brand: _____

Does the equine have a lip tattoo? _____ Tattoo number: _____

Equine Behavior

Please rate this equine (1 = Mean/Afraid to 10 = Extremely Friendly):

Friendliness towards adults: _____ Friendliness towards children: _____

Friendliness towards other equines: _____ Friendliness towards small animals: _____

Overall Temperament (1 = Very Quiet to 10 = Highly Spirited): _____

Has this equine (check all that apply):

Bucked? ___ Reared? ___ Kicked? ___ Collapsed after being cinched tight? _____

Bitten? ___ Set Back? ___ Rolled with rider? _____ Other? _____

Please explain _____

Is this equine easy to (**check all that apply**):

Lead ___ Tie ___ Trailer ___ Clip ___

What type of trailer is equine use to hauling in? _____

Does the horse Load easy? _____ Difficult? _____ explain _____

Does the Horse tie? _____ cross tie? _____ Ground tie? _____

Does the equine get along well with other equines? _____

If not, what type of situation does this equine prefer? _____

How is the equine around other animals,? (goat, cattle, dogs etc..)_____

Equine Riding Abilities and Training:

Can this equine be ridden? (check all that apply)

Not rideable due to lameness or injury _____ Not rideable due to age _____

Not rideable due to young age or lack of training _____ Light/medium riding only _____

Children at walk _____ Adults at walk _____

If rideable, equine requires what type of rider?

Beginner _____ Intermediate _____ Experienced _____

Equine requires what type of handler on the ground?

Beginner _____ Intermediate _____ Experienced _____

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

Trail Competitive Trail _____ Endurance _____ English Pleasure _____ Western Pleasure _____

Driving _____ Eventing _____ Jumping (how high?) _____ Dressage _____

Youth Horse _____ Reining _____ Barrel Racing _____ General Western Riding _____

General English _____ Other _____

Size and type of bit used: _____

Type of saddle used: _____

Describe any competitive experience this equine has: _____

Horses Name _____

Breed _____

General Information

* Is the equine current with vaccinations? Yes / No date of last Vaccinations _____

* What was the equine vaccinated for? (**circle all that apply**) EEE - WEE - EHV4

Potomac Horse Fever - Rabies - West Niles Virus - Strangles - Influenza - Tetanus

* Were vaccinations given by vet? _____ or By you? _____

* Date of last Coggins Test (EIA) _____ State _____

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

* Date of last worming? _____ Type of wormer used? _____

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

Does equine have any Current or past Lameness problems (Arthritis, Navicular, Ring Bone etc.)? Yes No

if yes, explain (**please submit any x-rays**) _____

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

* With electric tools or by hand _____

****Please submit dental form(s)**

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

Horses Name _____

Breed _____

* Name of your current Farrier _____

* Number of your Farrier (_____) _____

* Is the equine good for farrier? YES / NO if no explain _____

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

* Is the equine good for Veterinarian? YES / NO if no, explain _____

In what kind of housing situation is the equine used to (pasture, stall, etc.)?

What Brand of grain is the equine currently being fed? _____

Pellet or textured? _____

* What amount of feed is equine on : A.M. _____ P.M. _____

* Type of Hay (alfalfa, timothy. Grass mix, etc.) _____

* 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 _____

* Does the horses have issues when stalled? Yes / No if yes, explain _____

* Is the Horse Stalled at night or out 24/7 with run-in shed? _____

Horses Name _____

Breed _____

**Is there anything else you can tell us about the equine that will enable us to help find him/her the best possible home

Additional Information / Comments _____

Voice For Horses



Rescue Network

_____(_____)(initial)

Thank you for your time and information; this will help us understand the horse better.