



TRIPLE "R" EQUINE RANCH, INC

Equine Donation Questionnaire

Equine Information

Horse's Name	Gender
Breed	Age
Height	Weight
Color/Markings	
Is the equine registered? If so please name the Registry or Association Name & the Horse's Registration #	
Does the equine have a lip tattoo? If so, what is the tattoo?	
Is the equine branded? Where is brand located? Please describe the brand or draw it here:	

Temperament & Training Information

How long have you owned this equine?		
Temperament <i>(circle one)</i>	1 = Very Quiet 2 3 4 5 6 7 8 9 10 = Highly Spirited	
Friendliness with people <i>(circle one)</i>	1 = Nasty/Afraid 2 3 4 5 6 7 8 9 10 = Very friendly	
Friendliness with horses <i>(circle one)</i>	1 = Nasty/Afraid 2 3 4 5 6 7 8 9 10 = Very friendly	
Friendliness towards dogs <i>(circle one)</i>	1 = Nasty/Afraid 2 3 4 5 6 7 8 9 10 = Very friendly	
Does this equine have a history of: (check all that apply and explain if "yes")		
<input type="checkbox"/> Bucked	<input type="checkbox"/> Reared	<input type="checkbox"/> Kicked
<input type="checkbox"/> Bitten	<input type="checkbox"/> Other	
Explain: _____		

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

Lead Tie Trailer Clip Pick Up Hooves

Other: _____

Can this equine be ridden by:

(check all that apply)

Can not be ridden: lameness/injury/old age

Can not be ridden: young / lack of training

Children at walk

Adults at walk

Light/medium riding

This equine has no riding limitations

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

Trail

Endurance

General English

Eventing

Dressage

Jumping (How high? _____)

Driving

Youth Horse

General Western Riding

Barrel Racing

Other: _____

(Please describe)

Housing Information

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

What type of turnout schedule is the equine used to?

In what kind of fencing is the equine used to? (board, tape, elec wire, etc.)

Health Information

What and how much is the equine currently being fed?

Is the equine on any type of supplements or medications? If yes, please describe.

Describe any current or previous health problems:

Does the equine have any special needs?

Describe any current or previous lameness problems:

Is the equine current on vaccinations? If so, which and when were they last administered?

Disease	Date	Disease	Date
E&W Encephalomyelitis	_____	Strangles	_____
Influenza	_____	Rabies	_____
Rhinopneumonitis	_____	PHF (Potomac)	_____
Tetanus	_____	()	_____
West Niles	_____	()	_____

Does this equine have a current coggins test? *If yes, please give the date of the coggins, veterinarian who performed the coggins, and the results or attach coggins to this form.*

Date & product of last worming

Date of last time teeth were floated

Date of last sheath/udder cleaning

Date of last farrier care

General Information

Owner's Name

Veterinarian's Name

Address

Address

City/State/Zip Code

City/State/Zip Code

Telephone Number

Telephone Number

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

Thank you for providing us with valuable information about the equine, it will help us find the best home possible!

TRIPLE "R" EQUINE RANCH, INC



TRIPLE "R" EQUINE RANCH, INC

Donation Agreement

All animals donated to **TRIPLE "R" EQUINE RANCH, INC** are donated without any restrictions pertaining to their use. Generally, following the donation of an animal, they are examined to determine what, if any, rehabilitative treatment is required. Following such treatment as **TRIPLE "R" EQUINE RANCH, INC.**, in its sole discretion, deems necessary, animals are put up for adoption. If an animal is pregnant at the time of its donation, any resulting off-spring shall be the property of **TRIPLE "R" EQUINE RANCH, INC.** Any adoption donation received as a result of such adoption is solely the property of **TRIPLE "R" EQUINE RANCH, INC.**

Upon receipt of your donation, **TRIPLE "R" EQUINE RANCH, INC.** agrees, subject to the foregoing, to provide for the boarding and health care of the animal. **TRIPLE "R" EQUINE RANCH, INC.** further agrees to adhere to all relevant federal and Indiana laws pertaining to animal welfare.

No animal will be accepted for donation by **TRIPLE "R" EQUINE RANCH, INC.** without receipt of this fully completed donation form. The registration papers, medical history, and other pertinent history, if any, should accompany it at the time of donation. Donors who import animals from out of state must meet Indiana import requirements.

OWNERS RELEASE

Animal Name/ I.D. #	Species	Gender
Breed	Age	Is this animal altered?
Color/Markings		
Please describe any unusual scars and/or brands:		

I hereby certify that I am the owner or authorized agent for the owner (circle one), of the above listed animal and that I give **TRIPLE "R" EQUINE RANCH, INC.** authority to transfer ownership of the animal to **TRIPLE "R" EQUINE RANCH, INC.** I hereby remise, release and forever quit-claim unto **TRIPLE "R" EQUINE RANCH, INC.** its employees, successors and assigns, any and all action and manner of actions, causes of action, debts, dues, claims and demand, both in law and in equity, which I have either now or in the future against **TRIPLE "R" EQUINE RANCH, INC.** or its transfer of ownership of the animal to **TRIPLE "R" EQUINE RANCH, INC.** and **TRIPLE "R" EQUINE RANCH, INC.**'s subsequent treatment, transfer of ownership of said animal.

Owners Name	Telephone Number	
Address	City/State/Zip Code	
Driver's License No. or State ID No & State	License Plate #	Expiration Date
Signature	Date	Donation Amt.

TRIPLE "R" EQUINE RANCH, INC Representative	
Signature	Date

TRIPLE "R" EQUINE RANCH, INC