

Hidden Hollow Pony Rescue

SURRENDER APPLICATION

Name: _____

Registered Name: _____

Breed: _____ Gender: _____ Color: _____

Registration Number (if applicable): _____

Date Foaled/Age: _____ Height: _____ Weight: _____

Written Description: _____

Notable Markings: _____

Brands/Tattoos/Scars/Blemishes: _____

Date: _____

Current Owner: _____ Vet: _____

Address: _____ Address: _____

City, State, ZIP: _____ City, State, Zip: _____

Day Phone: _____ Phone: _____

E-mail: _____

Previous Owner: _____ Previous Vet: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Day Phone: _____ Phone: _____

Original Breeder: _____ Farrier: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone: _____ Phone: _____

Are there any urgent medical needs or injuries that require immediate attention? Please list all: _____

Reason(s) for surrendering this horse to HHPR:

A) YOUR HORSE'S HISTORY

Please attach additional written information about your horse's history. Providing HHPR with this personal information will benefit and aid in finding the most suitable adoptive home for your horse. Your time and attention are greatly appreciated and are extremely helpful.

B) HEALTH:

C)

Comments: _____

Last vaccination date: _____ Vaccine Type: _____

Last worming date: _____ Wormer: _____

Type: _____

Last date teeth floated: _____

Last vet call date: _____

Current medications/special care:

How often: _____ Why: _____

Please list all known medical problems/conditions (allergies, spavins, broken bones, heaves, splints, etc.):

D) BREEDING

If horse is a mare, has she ever been bred? _____ How many foals? _____

Last breeding? _____

If horse is a gelding, when was he gelded? _____

E) FARRIER

Last farrier call date: _____ Shod? _____ Trimmed? _____ Type of shoes: _____

Corrective shoes or devices? _____ Reason for corrections:

F) FEEDING

Current feeding pattern: Pasture: _____ Type: _____

Hours per day: _____

Hay type: _____ Amount: _____

Frequency: _____

Grain type: _____ Amount: _____ Frequency: _____

Supplements or special feed?

G) SHELTER

Comments:

Pasture only: _____ Stall: _____ Run: _____ Turnout: _____

Hours per day: _____

If not now in pasture, has the horse ever been pastured? _____ How long ago? _____

H) TRAILERING

Comments:

Has the horse ever been trailered? _____ Does the horse load easily? _____

How do you load the horse if there are problems?

Trailer type used: Stock: _____ Side-by-side: _____ Slant: _____ Other: _____

I) BEHAVIOR

Please describe any behavioral issues, including but not limited to cribbing, rearing, bucking, kicking, biting, etc.

Please describe your horse's temperament and how they get along with people and horses. Is your horse

shy, dominant, outgoing, spooky, nervous, aggressive, mellow, friendly or other? _____

Is the horse hard to catch? _____ If yes, how do you catch the horse?

J) TRAINING

Comments:

Customary tack and bit used (bosal, hackamore, snaffle, etc.)

Tack or training aids – Likes: _____ Dislikes: _____

Type of activity (check all that apply): Western Pleasure: ___ Trail: ___

Reining: ___ Cutting: ___

Roping: ___ Stock/Ranch work: ___ Saddle seat: ___ Gaited: ___

Dressage: ___ Driving: ___

Hunter: ___ Jumper: ___ Division: _____

Other: _____

Professional training:

Type: _____ Length of time: _____ Trainer: _____

By signing this application, I certify that:

- I (We) are the only owner of this horse and have legal rights to turn over ownership of this horse.
- I have disclosed all medical and behavioral issues and special care instructions for this horse to the best of my knowledge.
- I give "Hidden Hollow Pony Rescue" permission to contact the veterinarian listed on this application to obtain medical records and receive consultation regarding this horse.
- All information contained in this application is truthful to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Witness: _____ Date: _____

Print Name: _____ Address: _____