



PO BOX 1600 | CANYON, TX 79015
1-877-322-5622
info@dovecreekequinerescue.org
www.dovecreekequinerescue.org

Surrender Form

Horses come to Dove Creek Equine Rescue from many different sources; however, a large number of our horses are owner surrenders. These horses are turned over by owners who can no longer care for them. Surrendering your horse can be a very difficult decision to make, and we respect that. We are happy to answer questions you may have to help you make an informed decision.

Applications to Dove Creek Equine Rescue for owner surrenders are always reviewed and discussed. However, it is important to understand that we may not be able to accept your horse immediately, if ever, and we examine each and every application immediately as they come in.

The 1st responsibility of Dove Creek Equine Rescue is to receive and rehabilitate horses, then evaluate each surrender application based on available space and the level of need for each applicant.

This Agreement made and entered upon this date _____, by and between Dove Creek Equine Rescue and _____ (hereinafter referred to as Releaser) residing at _____ releases Said Equine _____ to Dove Creek Equine Rescue 16201 Gordon Cummings Rd Canyon TX 79015.

It is hereby agreed by Dove Creek Equine Rescue and (applicant name) _____ that Said Equine is the sole property of Releaser, and that thereby releasing said Equine to Dove Creek Equine Rescue. Dove Creek Equine Rescue will have sole ownership of Said Equine. _____ (initial)

Applicants signature: _____ Date: _____
Dove Creek Representative: _____ Date: _____

Horses name _____
Breed: _____ Gender: _____ Color: _____
Registration Number (if applicable): _____
Date Foaled/Age: _____ Height: _____ Weight: _____
Written Description: _____
Notable Markings: _____
Brands/Tattoos/Scars/Blemishes: _____
Date: _____



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Current Owner: _____
Address: _____
City, State, ZIP: _____
Day Phone: _____
E-mail: _____

Vet: _____
Address: _____
City, State, Zip: _____
Phone: _____

Farrier: _____
Address: _____
City, State, Zip: _____
Phone: _____

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

Reason(s) for surrendering this horse to DCER: _____

A) YOUR HORSE'S HISTORY

Please attach additional written information about your horse's history.

Providing DCER with this personal information will benefit and aid in finding the most suitable adoptive home for your horse. Your time and attention is greatly appreciated and is extremely helpful.

B) HEALTH:

Medical and Temperament History:

Most recent vaccinations including date administered:

_____	_____
_____	_____
_____	_____

Most recent worming including date administered and product used: _____



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Does this horse have a current negative Coggins test? Yes No (if so, original Coggins test must accompany this form)

Has this horse been vaccinated for West Nile Virus within 6 months? Yes No

Does this horse stand tied? Yes No

No Does this horse load into a trailer? Yes No

Does this horse lead? Yes No

Does this horse clip? Yes No

Does this horse stand to be bathed and groomed? Yes No

Does this horse stand for the hose? Yes No

Does this horse stand for the farrier? Yes No

Does this horse stand to be wormed/vaccinated? Yes No

Is this horse broke to ride? Yes No

If yes, in what situations has this horse been ridden?: _____

Known unsoundness, lameness, or other medical conditions: (please attach any veterinary or other health provider documentation): _____

Current treatment or veterinarian recommendations: _____

Any known feed or medication allergies? _____

Please list all known special needs, overall temperament, any likes/dislikes, quirks, vices, and any other necessary or useful information. This information will help us with the rehabilitation process, if needed, and helps keep our trainer, staff and volunteers safe. _____
