



Community Equine Outreach of Eastern Washington (CEOEW)

5581 Langford Road
Mesa, WA 99343
(509) 222-8994
www.CEOEW.com

Equine Ownership Release & Relinquishment

To release & relinquish your equine to CEOEW, you must fill this form out in its entirety and sign the agreement at the end. If at all possible, a tax deductible donation of \$_____ is requested to support the care and feeding of this animal.

Owner Information

Full Legal Name

Residential Address (Street, Town, Zip code)

Mailing Address (if different from Residential Address)

Driver's License #

State of Issue

Home/Cellular Phone

Email Address

May potential adopters of this equine contact you? _____

Equine Information

Barn Name

Registered Name/Registry/Registry #

Age

Sex

Gelding Date (if known)

Color

Height

Weight

Additional Markings/Brands/etc.

Reason you wish to relinquish this equine: _____

Equine Temperament/Training & Abilities

Please indicate all that apply

Temperament

<input type="checkbox"/> Friendly	<input type="checkbox"/> Suspicious	<input type="checkbox"/> Reserved	<input type="checkbox"/> Obedient
<input type="checkbox"/> Lethargic	<input type="checkbox"/> Jumps Fences	<input type="checkbox"/> Herd Bound	<input type="checkbox"/> Gulps food
<input type="checkbox"/> Used to a stall	<input type="checkbox"/> Accustomed to hobbles	<input type="checkbox"/> Enthusiastic	<input type="checkbox"/> Cautious
<input type="checkbox"/> Protective	<input type="checkbox"/> Calm	<input type="checkbox"/> Spooky	<input type="checkbox"/> Cribber
<input type="checkbox"/> Kicks	<input type="checkbox"/> Picket Line	<input type="checkbox"/> Anxious to Please	<input type="checkbox"/> Aggressive
<input type="checkbox"/> Very Trainable	<input type="checkbox"/> Adaptable	<input type="checkbox"/> Finicky eater	<input type="checkbox"/> Finicky drinker
<input type="checkbox"/> Destructive	<input type="checkbox"/> Bites	<input type="checkbox"/> Lunge before riding	<input type="checkbox"/> Shy
<input type="checkbox"/> Stubborn	<input type="checkbox"/> Trainable	<input type="checkbox"/> Escape Artist	<input type="checkbox"/> Pushy
<input type="checkbox"/> Pulls back	<input type="checkbox"/> Loads in a 2 horse	<input type="checkbox"/> Loads with difficulty	<input type="checkbox"/> Paws
<input type="checkbox"/> Friendly to dogs	<input type="checkbox"/> Friendly to kids	<input type="checkbox"/> Friendly to horses	<input type="checkbox"/> Friendly to men/women
<input type="checkbox"/> Other (please describe _____)			

Training & Abilities

<input type="checkbox"/> Trails	<input type="checkbox"/> Barrel Racing	<input type="checkbox"/> Poles (other gaming)	<input type="checkbox"/> Driving
<input type="checkbox"/> Eventing	<input type="checkbox"/> Jumping	<input type="checkbox"/> Dressage	<input type="checkbox"/> Endurance
<input type="checkbox"/> Youth Horse	<input type="checkbox"/> Reining	<input type="checkbox"/> General English	<input type="checkbox"/> General Western
<input type="checkbox"/> Other (please describe _____)			

Type of bit used: _____ Type of Saddle _____

Please describe any competitive experience this equine has: _____

Equine Health

Does this equine have any current or previous lameness problems? _____ Please describe: _____

Does this equine have any current or previous health problems? _____ Please describe: _____

Is this equine on any current medications? _____ Please describe: _____

Does this equine have any special needs? _____ Please describe: _____

NOTICE: This document is for the sole use of the officers and staff of Community Equine Outreach of Eastern Washington, and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please inform Community Equine Outreach of Eastern Washington and destroy all copies of this document. Thank you.

General Information:

Date of last trim _____ Date last shod (if applicable) _____

Name of Farrier _____ Phone _____

Date of last worming _____ Type of wormer used _____

Date of last vaccinations _____ Type of vaccinations _____

Date of Coggins _____ Date equine's teeth were floated _____

Veterinarians Name/Address _____

Phone: _____

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

What type of feed and how much is the equine currently being fed? _____

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

I, the undersigned, hereby certify that I am the current legal owner of the above identified equine. I warrant that there is no lien (and if there is a current lien, I take full responsibility of such) on the above identified equine, and that no other person or entity has claim, title or interest. I agree that the above information is true to the best of my knowledge. I understand that by signing this agreement, I irrevocably give, transfer, convey, assign, surrender and relinquish to Community Equine Outreach of Eastern Washington (CEOEW) for placement or adoption, the above identified equine. I understand that I shall hold CEOEW, its assignees, employees, and volunteers harmless from any claims of damage, injury, or acts of negligence arising from this surrender. I understand that voluntarily I forever relinquish any and all claims, rights, title, and interests to the above identified equine. I have read this agreement in its entirety and thoroughly understand this release of liability and agree to abide by it.

OWNER:

CEOEW REPRESENTATIVE

Signature

Signature

Printed Name of Owner

Printed Name of CEOEW Representative

Date (Effective Relinquishment)

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