



End of the Trail Rescue, Inc. and Sanctuary

5814 Hwy 348 Olathe, Co. 81425
Ph: (970) 323-5400 • Fax: (970) 323-9090
Web Site: www.eottr.org

SURRENDER APPLICATION

Date _____

Horse's Name: _____
Registered Name: _____
Breed: _____ Height: _____ Weight: _____
Registration Number (if applicable): _____
Date Foaled/Age: _____ Gender: _____ Color: _____
Written Description: _____
Notable Markings: _____
Brands/Tattoos/Scars/Blemishes: _____

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

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

Previous Owner: _____
Address: _____
City, State, ZIP: _____
Day Phone: _____

Previous Vet: _____
Address: _____
City, State, ZIP: _____
Phone: _____

Original Breeder: _____
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: _____

May EOTTR contact the Vet(s) listed? _____ Please request the horse's medical records be sent to EOTTR or authorize release of the medical records to EOTTR.

Reason(s) for donating this horse to EOTTR: _____

A) YOUR HORSE'S HISTORY

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

Comments: _____
Last vaccination date: _____ Vaccines: _____
Last worming date: _____ Wormer: _____
Last vet call date: _____
Current medications/special care _____
How often: _____ Why: _____
Please list all known medical problems/conditions (allergies, spavins, navicular, broken bones, heaves, splints, etc.): _____

C) 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? _____

D) FARRIER

Last farrier call date: _____ Shod? _____ Trimmed? _____ Type of shoes: _____
Corrective shoes or devices? _____ Reason for corrections: _____

E) FEEDING

Current feeding pattern: Pasture: _____ Type: _____ Hours per day: _____
Hay type: _____ Amount: _____ Frequency: _____
Grain type: _____ Amount: _____ Frequency: _____
Supplements or special feed? _____

F) SHELTER

Comments: _____
Pasture only: _____ Stall: _____ Run: _____ Turnout: _____ Hours per day: _____
If not now in pasture, has the horse ever been pastured? _____ How long ago? _____

G) 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: _____

H) BEHAVIOR

Comments: _____
Is the horse hard to catch? _____ If no, how do you catch the horse? _____

Known behavior problems)cribbing, weaving, pacing, rearing, bucking, etc.)_____

I) 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:___ Saddleseat:___ Gaited:___ Dressage:___ Driving:___

Hunter:___ Jumper:___ Division:___ Other:_____

Professional training:_____

Type:_____ Length of time:_____ Trainer:_____

By signing this application, I certify that:

- I am over the age of 18 and I currently possess a brand inspection for this horse.
- I have disclosed all medical and behavioral issues as well as special care instructions for this horse to the best of my knowledge.
- I give END OF THE TRAIL RESCUE, INC. permission to contact the veterinarian listed on this application to obtain medical records and receive consultation in regards to this horse.
- All information contained in this application is truthful to the best of my knowledge.

Signature: _____

Date: _____

Print Name: _____