End of the Trail RESCUE INC.
5814 Colorado Highway 348, Olathe, CO 81425
Phone: 970.901.0502 ● Fax: 970.323.9090
www.eottr.org

SURRENDER APPLICATION

Date:_____

Horse(s) Name: _____

Registered name (if different):_____

Breed:_____ Height:_____ Weight:_____

Registration Number (if applicable): _____

Date Foaled/Age:_____ Gender: _____ Color: _____

Written Description: _____

Notable Markings: _____

Brands/Tattoos/Scars/Blemishes: _____

Current Owner: _____

Address: _____

City, ST, Zip: _____

Phone:_____

Email: _____

Vet: _____

Address: _____

City, ST, Zip: _____

Phone:_____

Email: _____

Previous Owner: _____

Address: _____

City, ST, Zip: _____

Phone:_____

Email: _____

Vet: _____

Address: _____

City, ST, Zip: _____

Phone:_____

Email: _____

Original Breeder:_____

Address: _____

City, ST, Zip: _____

Phone:_____

Farrier:_____

Address: _____

City, ST, Zip: _____

Phone:_____

Email: _____ **Email:** _____

Are there any urgent/emergent medical needs or injuries that require immediate attention? .....□ Yes □ No

If yes, please list all issues/injuries: _____

_____

_____

May EOTTR contact the Vet(s) listed? .....□ Yes □ No

If no, why? _____

Please request the horse(s) medical records be sent to EOTTR or authorize release of the medical records to EOTTR.

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

_____

Signature of Surrenderer: _____

Printed Name: _____ Date: _____

Signature of EOTTR Representative: _____

Printed Name: _____ Date: _____