



# EQUINE SURRENDER & AGREEMENT

EQUINE'S NAME: \_\_\_\_\_

PRESENT OWNER'S NAME: \_\_\_\_\_

OWNER'S ESTIMATED VALUE: \$ \_\_\_\_\_

The above named owner hereby conveys full ownership of the above named equine to New Mexico Horse Rescue at Walkin N Circles Ranch, Inc. (WNCR), a non-profit, tax exempt corporation.

## DESCRIPTION OF EQUINE BEING SURRENDERED:

Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Registration No. \_\_\_\_\_

Gender \_\_\_\_\_ Markings \_\_\_\_\_

Other distinguishing marks/scars/brands \_\_\_\_\_

Health/Condition \_\_\_\_\_

If rideable, describe level \_\_\_\_\_

If not rideable, describe reason \_\_\_\_\_

Temperament and behavior issues \_\_\_\_\_

Last date vaccinated \_\_\_\_\_ Last date teeth floated \_\_\_\_\_

Last date wormed \_\_\_\_\_ Wormer used \_\_\_\_\_

Last date trimmed or shod \_\_\_\_\_ Special requirements \_\_\_\_\_

Last date Coggins Test \_\_\_\_\_ Results \_\_\_\_\_

Farrier name \_\_\_\_\_ Vet name \_\_\_\_\_

Current diet \_\_\_\_\_

**SURRENDER FEE:** \$ \_\_\_\_\_ (Payable to Walkin N Circles Ranch, Inc.)

## PRESENT OWNER

Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

## Representative of Walkin N Circles Ranch, Inc. accepting equine donation:

Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date Accepted \_\_\_\_\_

I (we) understand that the future use of the equine (adoption, sale, or euthanasia) is at the sole discretion of Walkin N Circles Ranch, Inc. (WNCR), its officers, employees, and/or its agents. I (we) hereby relinquish all rights and/or claims to the equine herein described to WNCR, its officers, employees, and/or its agents. I (we) understand that we will not be able to work with this equine as a volunteer at WNCR and may generally not be able to adopt another WNCR horse in the future. There may be an exception in cases where the surrender takes place within 90 days of an adoption, or in cases in which extraordinary circumstances exist. This letter serves as recognition that I (we) have received no goods, services, or any other form of remuneration from WNCR for this equine surrender.

**Walkin N Circles Ranch, Inc., P.O. Box 626, Edgewood, NM 87015**  
**Phone: (505) 286-0779 Email: [saveahorse@wncr.org](mailto:saveahorse@wncr.org)**



# VETERINARIAN RELEASE FORM

Date \_\_\_\_\_

Please send all medical records to Walkin N Circles Ranch, Inc. for the horse listed below. If you have any questions, please call Walkin N Circles Ranch, Inc. office at 505-286-0779.

Owner's Name \_\_\_\_\_

Owner's Signature \_\_\_\_\_

Owner's Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Owner's Day Phone Number \_\_\_\_\_

Horse's Name \_\_\_\_\_

Registered Name (if applicable) \_\_\_\_\_

Date Foaled/Age \_\_\_\_\_

Breed and Color \_\_\_\_\_

The attending Veterinarian was:

Office Name \_\_\_\_\_

Office Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Office Phone Number \_\_\_\_\_