



**HABITAT FOR HORSES, INC.**  
**A Non-Profit Equine Protection Organization**

**Adopted Equine Relinquishment Form**

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**Adopter Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Alternate/Business phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Equine Information:**

Equine Number: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Adopted on: \_\_\_\_\_ Returned on: \_\_\_\_\_

Reason for return:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last trim: \_\_\_\_\_ Date last shod (if applicable): \_\_\_\_\_

Date of last worming: \_\_\_\_\_ Type of wormer used: \_\_\_\_\_

Date of last vaccinations: \_\_\_\_\_ Type of vaccinations: \_\_\_\_\_

Date of Cogging: \_\_\_\_\_ Date equine's teeth were floated: \_\_\_\_\_

By signing this adoption relinquishment form, I, the undersigned adopter of the equine described above, relinquish all of my rights, title, and interest in the above described equine to Habitat for Horses, Inc. (hereinafter referred to as "HfH"). I also declare that there are no liens or claims against the equine, and if any liens or claims are found, I will be solely responsible for them and will indemnify HfH from all damages HfH may suffer due to the initiation of legal proceedings brought against myself and/or HfH



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arising from my adoption and care of the above described equine. By signing, I declare that the above information on the equine is true to the best of my knowledge.

I understand as per the original adoption agreement that no refund of any money is due me. I understand and agree that I may be liable for the cost of transporting the equine back to an approved foster home (if HfH must transport the equine), the cost of any veterinary work needed as a result of injuries or illnesses sustained while in the adopter's possession, and the cost of any other related expenses (including but not limited to a current Coggins, vaccinations, hoof and dental care) by HfH as a result of the my acts or omissions while in possession of the equine. HfH will not reimburse the adoptive home for any expenses incurred by the equine while in their care. I also understand vet records need to be provided to HfH upon return of the equine.

Furthermore, by signing this contract, I, the undersigned adopter, attest that I am releasing this equine completely and voluntarily. I have read and fully understand the policies of HfH and realize that in the event the existing policies do not cover a specific situation, HfH will use its best judgment and ability in handling the situation in the best interest of the equine.

This contract is the complete and entire agreement between the parties and completely merges and supersedes all prior and contemporaneous oral or written discussions, negotiations, and agreements. No additions or modifications to or deletions from this Contract shall be effective unless executed in writing by the parties, and attached to this Contract as an Addendum. Please note 'yes' or 'no' in the space provided whether an addendum is attached. \_\_\_\_\_

\_\_\_\_\_  
Signature of Adopter(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Adopter(s)

\_\_\_\_\_  
Signature of HfH Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of HfH Director

NOTICE: This document is for the sole use of the Directors and staff of Habitat for Horses, Inc. 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 Habitat for Horses, Inc. and destroy all copies of this document.

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