



Wild Hearts Haven
P.O. Box 1192
Morrison, CO 80465

EQUINE RELINQUISHMENT APPLICATION

First Name / Last Name: _____

Email: _____

Phone: _____

How did you hear about the equine surrender program?

How soon are you looking to surrender your equine? _____

Name of equine: _____

Address of Equine

Street Address: _____

City: _____

State: _____

ZIP Code: _____

Equine Info

Color: _____

Breed: _____

Age of equine: _____

Choose Sex: Mare Gelding Stallion

Height: _____

Is your equine halter broke?

Yes

No

Is the equine registered or titled?

Yes

No

Does your equine exhibit any lameness?

Yes

No

Is the equine a riding candidate?

Yes

No



Does your equine have any conformational defects that would affect its rideability?

- Yes
- No

Is your equine healthy (not displaying any clinical signs of disease/illness)?

- Yes
- No

Do you have a Brand Inspection?

- Yes
- No

Last known date of teeth examination/float: _____

Last known date of farrier treatment: _____

Last known date of deworming: _____

Dewormer Given: _____

- Ivermectin
- Fenbendazole/oxibendazole
- Pyrantel

Last known date of vaccinations: _____

Vaccines Given: _____

- Eastern Equine Encephalitis
- Western Equine Encephalitis
- West Nile Virus
- Rhino (EHV1 and EHV 4)
- Influenza
- Tetanus
- Rhino/ Flu
- Rabies

Why are you relinquishing your equine?

Has your equine bitten, kicked, or shown aggression in the last 12 months? Yes No

If yes, please explain:

Any known safety issues for either the equine or the handlers?

Where did you get the equine from? _____



How long have you owned the equine? _____

Is the equine broke to ride? _____

How many times a week do you ride the equine? _____

How well does the equine get along with other equines?

Any medical issues? _____

How is your equine with the veterinarian? _____

Has the equine had professional training? _____

What is the equine's current living situation (Stall, dry lot, pasture, etc; alone/in herd)?

Any other info you would like to share?
