RACE HORSE RETIREMENT OWNER SURRENDER FORM

Please fill this form out entirely to the best of your ability.
Incomplete forms will delay intake of your horse.

HORSE'S REGISTERED NAME_____
Stable or Nickname of Horse _____ **Foaling Date** _____
Horse's Sire _____ **Horse's Dam** _____
Tattoo Number _____ **Microchip Number(if any)** _____
Sex: Mare Gelding Colt **HORSE'S REGISTERED COLOR**_____
Markings_____
ORIGINAL REGISTRATION PAPERS MUST ACCOMPANY YOUR HORSE
Current Coggins Date: _____ **(Please include copy of coggins with this form).**

INFORMATION ABOUT YOUR HORSE

Please fill out to the fullest extent. This allows us to understand your horse's mannerisms for assessment. Horses reported with aggression will not be necessarily declined aftercare.

Is your horse serviceably sound? _____
Does your horse have any prior, current or limiting injuries or issues? YES NO
Please include any known old injuries or known wind issues _____
Has your horse had any invasive procedures in the past?
(Wind surgery, chip removal, repaired fractures, etc.) _____
Does your horse need rehabilitative care? YES NO
Does this horse have any vices such as cribbing or stall aggression? _____
Current Exercise _____ **Last Race** _____ **Last Work** _____
Does your horse have any bad habits under saddle? _____
Has Your Horse Ever Been "Ruled Off" any track or training facility? If yes, Please explain.
_____
Are there any liens against your horse? _____
Is your horse safe to be handled by groom, dentist, farrier and vet? YES NO
(If no, please explain) _____

Current Feed Program

Grain Type _____ How Much (quarts)? _____
Hay Type _____ How Much? _____
Other Supplements or Feed _____
Does this horse have a history of colic or has this horse had colic surgery in the past? YES NO
Date of colic surgery (If applicable) _____

Horse's Current Veterinarian _____ **Phone Number:** _____
Will any X-rays, medical records or scans accompany this horse? YES NO

Vaccination History Dates
Flu/Rhino __/__/___ Botulism __/__/___ Rabies __/__/___ West Nile __/__/___ EWT __/__/___
Other _____
Last Dental Float Date _____
Last De-Worming Date _____ **Type Of Dewormer** _____
Farrier History (Last Shoeing Date) _____ **Type Of Shoes** _____

HORSE'S CONNECTIONS AND CONTACT

Trainer of Horse (For horses racing only)
Name _____ **Number** _____ **Email Address** _____

Owner Of Horse
Name _____ **Number** _____ **Email Address** _____
Mailing Address:
_____
_____

I, _____ as sole legal owner of the horse listed on this form, hereby release custody and ownership of _____ (registered horse's name) to TRRAC (Thoroughbred Retirement, Rehabilitation and Careers). I further authorize TRRAC to access and will release any medical records or diagnostics, previous or current of said horse at any time. I understand by signing this document, I no longer have any claim of ownership to said horse and am released for any further financial liability once the organization receives my one time donation fee of said horse. I understand that any decisions made by TRRAC regarding the horse on this form are final, including being euthanized in the event the horse is, but not limited to illness, soundness or general well being and quality of life.

Owner Print _____ **Owner Signature** _____ **Date Signed** _____

Acting Agent Of Horse (FOR AFTERCARE PROGRAM ONLY)
(Please fill out if you are an assisting aftercare program)
Aftercare/Organization's Registered Name: _____
Organization Director Contact _____
Non-Profit EIN Number _____
Organization Mail Address
_____
_____

Track Based Out Of _____
Track Address _____
Phone Number _____
Email Address _____

ONE TIME DONATION FEE AMOUNT

This donation fee is a one time amount to ensure the care of your horse while at our facility. This donation amount covers general wellness and nutrition, professional training and placement and assistance. This fee ensures your horse will be cared for for its entire lifetime, even if your horse needs to return to us at any time.

Upon signing your horse over to our organization as well as releasing your horse's agreed one time donation amount, you are hereby released of any further ownership as well as financial liability of said horse.

****CURRENT OWNERS ARE OBLIGATED TO PROVIDE SHIPPING AND COVER TRANSPORT COSTS OF SAID HORSE****

Donations must be received in our office for our organization before any horse arrives at our facility.

Donation Fee Amount $_____.___

My Donation Will Be Sent Via (check one):

Personal Check PayPal Bank Transfer Other

IMPORTANT!

Please ensure the following accompanies your horse!

Owner's Check List For intake purposes:
Horse's Donation Fee
Current Coggins (within 1 year)
Vaccination records
Original Registration (Jockey Club) Papers
Jockey Club Transfer
Any Medical Records

PDF Scan is acceptable to process intake faster.
Please email all PDF Scans to **trrac@ottbs.org**

Please mail all ORIGINAL documents to:
TRRAC C/O Nina M. Bradley
2092 Strasburg Rd
Coatesville, PA 19320

If you have any questions, you may contact our office Monday - Friday, 8 AM until 6 PM at 267-665-4179 or email trrac@ottbs.org