

**YELLOWSTONE POLO CLUB POLO PONY / 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 be 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 **Yellowstone Polo Club**. I further authorize **Yellowstone Polo Club** 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 Sagebrush Equine Facility 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: _____

Track Based Out Of _____
Organization Director Contact _____
Track Address _____
Non-Profit EIN Number _____
Phone Number _____
Organization Mail Address 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 info@yellowstonepolo.com

Please mail all ORIGINAL documents to:

**YELLOWSTONE POLO CLUB
7256 STATE HIGHWAY 3
BILLINGS, MT 59106**

yellowstonepolo.com

406-927-5025

If you have any questions, you may contact our office Monday - Friday, 8 AM until 6 PM at 406-927-5025