



Donating a Horse

Donor Information

Date:			
Name:			
Address:			
City:	State:	Zip Code:	
Phone:			

Equine Information

Name:	
Breed:	
Jockey Club #:	
Tattoo #:	
Age:	
Sex:	

If equine is a mare, is there a possibility she could be pregnant?

Yes:		No:	
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Please describe the equine's temperament, soundness, and any habits about which Second Stride and its adopters should know:

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Does this equine have any known bad habits or vices?

Yes:		No:	
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Has this equine ever injured anyone?

Yes:		No:	
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If you answered yes to either of the two previous questions, please explain in full detail:

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Is this equine a cribber?

Yes:		No:	
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Have all owners, partners or syndicate members been made aware of the donation of this equine to Second Stride?

Yes:		No:	
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Please list dates of equine's last vaccinations, worming, hoof, dental care:

E&W Encephalomyelitis:	
Tetanus:	
Rhino-Flu:	
West Nile:	
Rabies:	
Botulism:	
Other:	

Worming Product:		Date:	
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Hoof Care Date:	
Dental Care Date:	

To the best of my knowledge, the above information is true and correct:

Owner's Signature:		Date:	
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Will you be making a tax deductible donation to help cover the costs of caring for this equine while it is with Second Stride?

Yes:		No:	
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If you would like to receive updates on this equine after placement, please provide your email address:

Email Address:	
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Permission to release vet records, ultrasounds, or x-rays on donated equine to Second Stride:

Owner's Signature:		Date:	
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Vet Name:		Phone:	
Vet Name:		Phone:	
Vet Name:		Phone:	



Equine Donor Form

Equine's Name:		Jockey Club #:	
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As the licensed agent, owner or ruling share owner, I hereby donate the above named equine to Second Stride, Inc., and thereby relinquish all ownership in this animal. I understand Second Stride will not be held liable for any ownership disputes resulting from this donation. I understand that Second Stride will not be responsible for any financial obligations incurred by the owner(s) on behalf of this equine prior to its donation to Second Stride, Inc. Should Second Stride find a suitable home: I understand that I am consenting to adoption of the equine by an individual/organization approved by Second Stride. I understand and agree that I am transferring full ownership of my equine to Second Stride and that Second Stride has full authority for all necessary veterinarian procedures including euthanasia if necessary.

This form can be sent with the equine, or mailed to: Second Stride Inc. P.O. Box 1483 Crestwood, KY 40014. Or Fax to: 502-241-8566. Please email questions to: info@secondstride.org. Visit our website at WWW.SecondStride.org.

Donor:		Second Stride:	
Witness:		Date:	