

**Dancing Cloud Farm Horse Rescue, Inc.**  
P.O. Box 6  
Ochlocknee, GA 31773  
(229)378-5088

## ***EQUINE DONATION POLICY***

### **Policy:**

Dancing Cloud Farm Horse Rescue, Inc.'s (DCFHR) policy is to accept donations of equines from their owners on a case-by-case basis.

### **Procedure:**

DCFHR accepts horses, donkeys, mules, ponies, and miniature horses on a case-by-case basis.

DCFHR requires that all donated equines have a current, negative Coggins test. If the equine's owner is unable to provide a current, negative Coggins test, DCFHR may waive this requirement upon a unanimous vote of the directors.

DCFHR also requests that the equine's owner provide veterinary records documenting vaccination history, dates of any dental work, and description of any treatment for illnesses or injuries.

DCFHR cannot accept an equine who has EIA as a donation.

All donated equines **must** be accompanied by a signed donation contract. By signing, the donor agrees that he/she is giving up all rights to the equine and transferring the equine to DCFHR. The donor also agrees that there are no outstanding liens against the equine.

DCFHR can refuse the donation of any equine for any reason at any time until the equine is in the care of a DCFHR foster home and a donation contract has been signed.

DCFHR requests (but does not require) that a minimum donation of \$100 accompany each equine. This donation helps pay for the cost of the equine's care for 1-2 months. This request will be waived for equines that are surrendered to the rescue in lieu of being seized due to neglect or abuse.

## **Equine Relinquishment Form**

### **A. General Information**

Name \_\_\_\_\_

Address  
\_\_\_\_\_

City, ST, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### **B. Equine Information**

Equine Name \_\_\_\_\_ Age \_\_\_\_\_

Breed \_\_\_\_\_ Color, Markings, Brands, etc \_\_\_\_\_

Current negative Coggins? (*circle one*) Yes No

Current Vaccinations? (*circle one*) Yes No

**Note: Current Coggins form and records of vaccinations must be attached.**

Current equine worming program: \_\_\_\_\_

Current Feeding Program: \_\_\_\_\_

\_\_\_\_\_  
Veterinarian's Name: \_\_\_\_\_

Veterinarian's Address: \_\_\_\_\_

\_\_\_\_\_  
Veterinarian's Phone Number: \_\_\_\_\_

I, the undersigned, agree to relinquish all ownership, rights and interest in the above referenced equine to Dancing Cloud Farm Horse Rescue, Inc. I certify that no claims or liens exist against said equine to the best of my knowledge. However, if any claims or liens were placed on the equine while in my custody, I assume full responsibility for such and will not hold DCFHR liable. If legal proceedings are initiated against myself or DCFHR arising from my custody or care of said equine, I agree to assume full responsibility and hereby release DCFHR from all liability.

In signing this contract, I attest that I am voluntarily releasing custody of the above referenced equine completely and fully to DCFHR. I understand that in such cases DCFHR policies do not fully address specific or unforeseen situations, DCFHR will determine what is necessary and take such action, to the best of their ability, so as to ensure that the best interests of the equine are met.

This contract supersedes any prior understanding and oral or written agreement between the undersigned and DCFHR. No amendment or variation of this contract shall be effective unless in writing and signed by or on behalf of each of the parties hereto.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DCFHR Representative Signature

\_\_\_\_\_  
Date