



Adopted Equine Relinquishment Form

A. General Information *(All fields must be completed)*

Name _____
Address _____ City, State, Zip _____
Home Phone _____ Alternate Phone _____
Email Address _____ Alternate Email _____

B. Equine Information *(All fields must be completed)*

Equine Name _____ IHR No. _____ Age _____
Breed _____ Color, Markings, Brands, etc _____
Date of Adoption: _____ Date of Return: _____ Adoption Fee: _____
Current negative Coggins? *(circle one)* Yes No Current Vaccinations? *(circle one)* Yes No
Current equine worming program: _____
Current Feeding Program: _____
Veterinarian's Name: _____ Phone Number: _____
Reason for Return: _____

I, the undersigned, agree to relinquish all ownership, rights and interest in the above referenced equine to Animal Protection Coalition, Inc./Indiana Horse Rescue. 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 APC/IHR liable. If legal proceedings are initiated against myself or APC/IHR arising from my custody or care of said equine, I agree to assume full responsibility and hereby release APC/IHR from all liability.

In signing this contract, I attest that I am voluntarily releasing custody of the above referenced equine completely and fully to APC/IHR. I understand that in such cases APC/IHR policies do not fully address specific or unforeseen situations, APC/IHR 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 adopter and APC/IHR. 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.

Adopter's Signature

Date

APC/IHR Representative Signature

Date