



## Surrender Application

1. Horse's Registered Name \_\_\_\_\_  
Registration Number \_\_\_\_\_ Registry \_\_\_\_\_  
Are you the last registered owner on the horse's registration paperwork, Y / N?  
If not, do you have a bill of sale for your horse? Y / N?  
**A copy of the horse's registration papers must be submitted with this form.**
  
2. Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
Sex \_\_\_\_\_ If gelded, date of castration \_\_\_\_\_ In foal Y / N? Due date \_\_\_\_\_
  
3. Owner's Name \_\_\_\_\_  
Phone - Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
  
4. Current Veterinarian \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
When was the horse last seen by this vet? \_\_\_\_\_  
Reason? \_\_\_\_\_  
\_\_\_\_\_
  
5. Date of last Coggins: \_\_\_\_\_ (Please provide a copy with this form)
  
6. Date of last Vaccinations:  
Rabies: \_\_\_\_\_ EEE/WEE: \_\_\_\_\_  
West Nile: \_\_\_\_\_ Tetanus: \_\_\_\_\_  
Strangles: \_\_\_\_\_ Potomac: \_\_\_\_\_  
Influenza: \_\_\_\_\_ Rhino: \_\_\_\_\_  
Other: \_\_\_\_\_
  
7. Last dewormed with \_\_\_\_\_ on \_\_\_\_\_  
Last Fecal Egg Count Date \_\_\_\_\_ Results \_\_\_\_\_
  
8. Date teeth were last floated \_\_\_\_\_

8. Current Farrier \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Date of last trim \_\_\_\_\_  
Is your horse shod, Y / N? Does your horse have corrective shoeing, Y / N?
10. Diet & Management  
Type of hay your horse eats \_\_\_\_\_ lbs. per day \_\_\_\_\_  
Brand of concentrate feeds \_\_\_\_\_ lbs. per day \_\_\_\_\_  
Hours per day horse is turned out on pasture \_\_\_\_\_  
Hours per day horse is stalled \_\_\_\_\_  
Supplements (type, amount, frequency) \_\_\_\_\_  
\_\_\_\_\_
11. Is your horse on any medications, Y / N? Type, Dosage, and Frequency?  
\_\_\_\_\_  
\_\_\_\_\_
12. Has your horse ever coliced, Y / N? If yes, please provide details.  
\_\_\_\_\_  
\_\_\_\_\_
13. Has your horse had any surgeries, Y / N? If yes, please provide details.  
\_\_\_\_\_  
\_\_\_\_\_
14. Does your horse have any prior injuries, Y / N? If yes, please provide details.  
\_\_\_\_\_  
\_\_\_\_\_
15. Does your horse have any prior Injuries, Y / N? If yes, please provide details.  
\_\_\_\_\_  
\_\_\_\_\_
16. Is your horse lame, or has it had a history of lameness, Y / N? If yes, please provide details. \_\_\_\_\_  
\_\_\_\_\_
17. Is there anything else we should know about this horse?  
\_\_\_\_\_  
\_\_\_\_\_
18. Is your horse trained to ride or drive, Y / N? If yes, please provide details.  
\_\_\_\_\_  
\_\_\_\_\_

19. Please check all that apply. This horse will/is:

- |   |   |
|---|---|
| <input type="checkbox"/> Stand tied           | <input type="checkbox"/> Good with other horses |
| <input type="checkbox"/> Bite                 | <input type="checkbox"/> Kick                   |
| <input type="checkbox"/> Crib                 | <input type="checkbox"/> Clips                  |
| <input type="checkbox"/> Has foundered        | <input type="checkbox"/> Drive                  |
| <input type="checkbox"/> Strike               | <input type="checkbox"/> Trained to ride        |
| <input type="checkbox"/> Stands in cross ties |   |

20. How would you describe the horse's temperament on a scale of 1 (very calm and quiet) to 10 (very hot, professional handling only)? \_\_\_\_\_ Please explain \_\_\_\_\_

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21. The Fenway Foundation frequently requires access to veterinarian records. If requested, will you authorize us access to these records? Yes \_\_\_\_\_ No \_\_\_\_\_

21. Current digital photographs must accompany this form. Please provide the following:

1. Full frontal face
2. Body– one from the left, one from the right
3. Hindquarters taken from behind the horse – “hips to feet”
4. Legs – one up close photo of each leg

22. Application checklist:

1. Photos as described above
2. Copy of registration papers
3. Copy of current Coggins

I understand that by submitting this application, I agree to allow the Fenway Foundation to perform diagnostics on my horse at the Foundation’s expense to ensure my horse is adoptable. Diagnostics include a barium swallow study, esophagoscopy, and fasted gastroscopy to check for clinical signs of megaesophagus and gastroparesis. Additional diagnostic tests may be required to diagnose any suspected medical conditions. **I understand that if I withdraw my application after these diagnostics have been performed, I will be charged for these diagnostics in full.**

Owner Name \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature \_\_\_\_\_

Once completed, please email your surrender application, including the items on the application checklist, to our Equine Manager, Becca McCartney, at [becca@fenwayfoundation.com](mailto:becca@fenwayfoundation.com). Upon receipt of your completed application, the Fenway Foundation will review it and decide whether your Friesian can be accepted into our program. If you have any questions about the surrender process, please get in touch with us.