



Fenway Foundation For Friesian Horses
N3398 State Road 76
Hortonville, WI 54944
920-757-0877

Advance Instructions for Friesian Horse Donations Upon Incapacity or Death of Horse Owner

The Donor acknowledges that they have agreed to donate the horse listed below to the Fenway Foundation for Friesian Horses, Inc. (the "Fenway Foundation") upon the horse owner's incapacity or death. At the time of the donation, the Fenway Foundation agrees to take ownership, transport, and board the full-blooded Friesian horse at the Fenway Foundation facility or an approved Foundation satellite facility until it can be moved to the Fenway Foundation facility.

Donor Information

Name: _____
Address: _____
City, State/Province & Zip: _____
Country: _____
Phone: _____ FAX: _____ Email: _____

Horse Information (Only one horse per form)

Registered Name: _____ Barn Name: _____
Registration No: _____ Chip No: _____
Registry: _____
Birth Date: _____ Sex: _____

Boarding Facility

If you board the horse, please provide the Boarding facility's contact information.

Name of Facility: _____
Contact Person: _____
Address: _____
City, State/Province & Zip: _____
Country: _____
Phone: _____ FAX: _____ Email: _____

If you board the Friesian Horse, have you informed the boarding facility of your direction to transfer the horse to the Fenway Foundation?

Yes _____ No _____

If you do not board the horse, to provide continued care in the short term, you should select two responsible and reliable friends or relatives to serve as the temporary caretakers in the event of your incapacity or death. **Please be certain that your temporary caretaker can access your horse's registration papers, as they will need to travel with the horse.**

Have you instructed the responsible and reliable friends and relatives to notify the Fenway Foundation of your death or incapacitation? Yes _____ No _____

Please provide the temporary caretakers' contact information:

Temporary Caretaker

Name: _____

Address: _____

City, State/Province & Zip: _____

Country: _____

Phone: _____ FAX: _____ Email: _____

Temporary Caretaker

Name: _____

Address: _____

City, State/Province & Zip: _____

Country: _____

Phone: _____ FAX: _____ Email: _____

Donor's Power of Attorney Information

I have executed a power of attorney document instructing my agent to donate the Friesian horse listed in this document to the Fenway Foundation in the event of my incapacity.

Date of Power of Attorney Document: _____

My agent's contact information is as follows:

Name: _____

Address: _____

City, State/Province & Zip: _____

Country: _____

Phone: _____ FAX: _____ Email: _____

Veterinarian Information

By executing this document, I hereby release all veterinary information about the horse listed in this document to the Fenway Foundation.

My veterinarian contact information is as follows:

Name of Practice: _____

Name of Veterinarian: _____

Address: _____

City, State/Province & Zip: _____

Country: _____

Phone: _____ FAX: _____ Email: _____

Personal Representative

I have executed a will that instructs my representative to donate the Friesian horse listed in this document to the Fenway Foundation in the event of my death.

Date of Will: _____

My Personal Representative's contact information is as follows:

Name: _____

Address: _____

City, State/Province & Zip: _____

Country: _____

Phone: _____ FAX: _____ Email: _____

Trustee

I have executed a trust that instructs my representative to donate the Friesian horse listed in this document to the Fenway Foundation in the event of my death.

Date of Trust Agreement: _____

My Trustee's contact information is as follows:

Name: _____

Address: _____

City, State/Province & Zip: _____

Country: _____

Phone: _____ FAX: _____ Email: _____

As the executor of this document, do you have any special instructions regarding the horse/horses that you are bequeathing to the Fenway Foundation (i.e., these horses must remain together, this horse shouldn't be ridden, driven, bred, etc.)?

Please let us know if you have included a donation to the Fenway Foundation in your Estate Plan.

Donor Name _____ Date _____

Signature _____

Fenway Foundation for Friesian Horses, Inc.

Received by _____ Date _____

Title _____

Signature _____

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