Hope After Racing Thoroughbreds (HART) Equine Donation Form

Equine donations to HART, will be acknowledged by a contemporaneous letter stating the horse was donated to an I.R.C. § 501 (c) 3 public charity. Donees must consult their experts and advisors to determine the value and deductibility of their donations as relates to their particular situations.

HART accepts Thoroughbreds of any age or gender, keeping in line with our goal of accepting horses that can be transitioned into a new career (optimally in 6 months or less time). Severely injured, ill or dangerous animals will not be accepted. Horses being donated that need extended rehab before they can become useful and adoptable may be accepted on a case by case basis if the donating owners will agree to make a tax deductible donation to help cover the extended cost of care. This amount would be based on the individual needs, but it is estimated at \$600 per month (2-3 months).

It is the responsibility of the donor signing the information form for the horse in question, to be certain all partners, and syndicate members are aware of the donation.



Donating a Horse

| Donor iiilo | iiiatio | <u></u> | | | | |
|--|---------|---------------|----------|-----------------|---------------|--------------|
| Date: | | | | | | |
| Name: | | | | | | |
| Address: | | | | | | |
| City: | | | State: | | Zip Code: | |
| Phone: | | | | | • | |
| Equine Info | ormatio | <u>on</u> | | | | |
| Name: | | | | | | |
| Breed: | | | | | | |
| Jockey Clu | ıb #: | | | | | |
| Tattoo #: | | | | | | |
| Age: | | | | | | |
| Sex: | | | | | | |
| If oquino is | a mar | o is thorog | nossihi | lity she could | he prognant | 2 |
| Yes: | | e, is there a | possibi | inty Sile Could | be pregnant | . f |
| | | | | | | |
| Please describe the equine's temperament, soundness, and any habits about which HART and its adopters should know: | | | | | | |
| | | | | | | |
| Does this | equine | have any ki | nown ba | d habits or vi | ces? | |
| Yes: | | lo: | | | | |
| Has this equine ever injured anyone? | | | | | | |
| Yes: | | lo: | 7 | | | |
| If you answ | | es to either | of the t | wo previous o | լuestions, pl | ease explain |
| | | | | | | |
| | | | | | | |

| Is this | s equine a | cribl | er? | | | | | |
|---------|------------------------------|--------|-----------|--------------|----------------|--------|-------------|--------------------------|
| Yes: | - | No: | | | | | | |
| | ll owners, puine to HA | | rs or syı | ndica | e members be | en ma | ade aware | of the donation of |
| Yes: | | No: | | | | | | |
| | e list date Encephal | | • | s las | vaccination | s, wo | orming, h | oof, dental care: |
| Tetan | • | Offige | iius. | | | | | |
| Rhino | | | | | | | | |
| West | | | | | | | | |
| Rabie | es: | | | | | | | |
| Botul | ism: | | | | | | | |
| Other | | | | | | | | |
| | ' | | | | | | | |
| Worm | ning Prod | uct: | | | | D | ate: | |
| | | | | | | | | |
| | Care Date | | | | | | | |
| Denta | d Care Da | ite: | | | | | | |
| To the | e best of | mv kn | owledo | ae. t | e above info | rmat | ion is tru | e and correct: |
| | r's Signa | | | 9 - , | | | Date: | <u> </u> |
| | u be makin nile it is wit | | | tible | onation to hel | p cov | er the cos | ts of caring for this ed |
| Yes: | | No: | | | | | | |
| - | would lik | | | • | tes on this e | quin | ie after pl | acement, please |
| Email | Address | : | | | | | | |
| | ssion to rel e to Secon | | | rds, ι | rasounds, or a | x-rays | s on donat | ed |
| Owne | r's Signa | ture: | | | | | Date: | |
| Vet N | ame: | | | | | | Phone: | |
| Vet N | | | | | | | Phone: | |
| Vet N | ame. | | | | | | Phone: | |







| Equine's Name: | Jockey Club #: | |
|-------------------|-----------------|--|
| Equilic 5 Hailie. | Cookey Glab II. | |

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

This form can be mailed to: HART 1 Prairie Meadows Dr Altoona, IA 50009 or e-mailed to iowahart@gmail.com

www.iowahart.com

| DONOR: | HART: | |
|----------|-------|--|
| WITNESS: | DATE: | |