

Fenway Foundation For Friesian Horses N3398 State Road 76 Hortonville, WI 54944 888-838-0877

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

The Donor acknowledges that he/she has 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 at an approved Foundation satellite facility until it can be moved to the Fenway Foundation facility.

Donor Information			
Name:			
Address:			
City, State/Province & Z	ip:		
Country:			
Phone:	FAX:	Email:	
Horse Information (O	nly one horse per f	orm)	
Registered Name:		Barn Name:	
Registration No:		Chip No:	
_			
Birth Date:	Sex:		
Boarding Facility			
If you board the horse, j	olease provide the B	oarding's facility's contact information	n
Name of Facility:			
Contact Person:			
City, State/Province & Z	ip:		
Country:	-		
Phone:	FAX:	Email:	

_	er the horse to the Fenv	informed the boarding facility of your vay Foundation?
should select two temporary caretal Please be certain	responsible and reliable kers of the horse in the e that your temporary	continued care in the short term, you e friends or relatives to serve as the event of your incapacity or death. caretaker has access to your horse's o travel with the horse.
-	_	reliable friends and relatives to notify the pacitation? Yes No
Please provide the	e temporary caretakers'	contact information:
Temporary Care		
Name:		
Address:		
Country:	T A 37	n 1
Phone:	FAX:	Email:
Temporary Care	taker	
Address:		
City. State/Proving	 ce & Zip:	
		Email:
Donor's Power of	<u>f Attorney Information</u>	<u>1</u>
I have executed a	power of attorney docu	ment that instructs my agent to donate the
Friesian horse list	ed in this document to t	he Fenway Foundation in the event of my
incapacity.		
Date of Power of A	Attorney Document:	
3.6		
	t information is as follov	
Name:		
Address:		
	_	
Phone:	FAX:	Email:

Veterinarian Information

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

My veterinarian contact information is as follows:

Name of Practice	:					
Name of Veterina	arian:					
Address:						
Country:						
Phone:	FAX:	Email:				
Personal Repre						
_		ersonal representative to donate the				
	I have executed a will that instructs my personal representative to donate the Friesian horse listed in this document to the Fenway Foundation in the event of my					
death.	tea in this document to	and I chivaly I damaacion in the event of my				
dedin						
Date of Will:						
My Personal Rep	resentative's contact inf	ormation is as follows:				
Name:						
City, State/Provi	nce & Zip:					
Phone:	FAX:	Email:				
<u>Trustee</u>	_					
	<u> </u>	personal representative to donate the				
Friesian horse listed in this document to the Fenway Foundation in the event of my						
death.						
Date of Trust Age	reement:					
Date of Trust Agi	cement.					
My Trustee's con	tact information is as fol	lows:				
Name:						
City, State/Provi	nce & Zip:					
Country:	_					
Phone:	FAX:	Email:				

the horse/hors	•	ny special instructions in regard to the Fenway Foundation, (i.e. these n't be ridden, driven, bred, etc.)
Please Donor:	e let us know if you have in Fenway Foundation in y	
Fenway Found	ation for Friesian Horses, Inc.	Date:
By:	Its	Date:

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