



N3398 State Road 76 Hortonville, WI 54944  
920-757-0877 fax (920-757-0878)

### Surrender Application

Horse's Name \_\_\_\_\_  
Registration Number \_\_\_\_\_ Registry \_\_\_\_\_  
**Copy of horse's registration papers must be submitted with form**  
Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
Tattoo/Brand \_\_\_\_\_ Other Markings \_\_\_\_\_  
Gender \_\_\_\_\_ If gelded, date of castration \_\_\_\_\_  
If mare, in foal Y/N Due date \_\_\_\_\_

Owner's Name \_\_\_\_\_  
Phone - Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Veterinarian \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
When was the horse last seen by this vet? \_\_\_\_\_  
Why? \_\_\_\_\_  
\_\_\_\_\_

- 1) Date of last Coggins: \_\_\_\_\_  
(Please provide copy with history form)
- 2) Date of last Vaccinations:  
Rabies: \_\_\_\_\_ EEE/WEE: \_\_\_\_\_  
West Nile: \_\_\_\_\_ Tetanus: \_\_\_\_\_  
Strangles: \_\_\_\_\_ Potomac: \_\_\_\_\_  
Influenza: \_\_\_\_\_ Rhino: \_\_\_\_\_  
Other: \_\_\_\_\_

3) Last dewormed with \_\_\_\_\_ on \_\_\_\_\_  
Last Fecal Egg Count Date \_\_\_\_\_ Results \_\_\_\_\_

4) Date teeth were last floated \_\_\_\_\_

5) Current Farrier \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of last trim \_\_\_\_\_

Shod Y / N Does your horse have corrective shoeing? Y/N

\_\_\_\_\_

Shod front and back? Y/N

6) Diet:

a) Hay Y/N

Type \_\_\_\_\_ Amount \_\_\_\_\_

b) Alfalfa Y/N Amount \_\_\_\_\_

c) Grain/Pellet Y/N

Brand \_\_\_\_\_

Amount \_\_\_\_\_ lbs per day

Has your horse been out on pasture? Y/N

How many hours per day? \_\_\_\_\_

1. Has this horse been in a stall? Y/N

7) Medications/Supplements

Type /Dose \_\_\_\_\_

\_\_\_\_\_

8) Has this horse ever had colic? Y/N

If so, please provide details \_\_\_\_\_

\_\_\_\_\_

9) Prior Surgeries Y/N Explain \_\_\_\_\_

\_\_\_\_\_

10) Prior Injuries Y/N Explain \_\_\_\_\_

\_\_\_\_\_

11) Any soundness problems? Y/N Explain \_\_\_\_\_

\_\_\_\_\_

12) Are you the last registered owner on the horse's registration paperwork?

Y/N

If not, do you have a bill of sale from when you purchased the horse? Y/N

13) Anything else we should know about the horse?

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Please check all that apply:  
This horse will/is

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|---|---|
| <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 |   |

If trained to ride or drive, please elaborate:

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The Foundation will need access to veterinarian and veterinarian-related documents (X-rays, medical records, etc) If requested, will you authorize your vet to share this information? Yes \_\_\_\_\_ No \_\_\_\_\_

Each form must also include current digital photos of the following:

- \*(1) full frontal face shot
- \*(2) body shots – one from the left, one from the right
- \*(1) shot from behind – “hips to feet”
- \*(4) leg shots – one up close shot of each leg

Application check list:

- 1) Photos as described above
- 2) Registration paperwork
- 3) Copy of current Coggins

Please return this application and the above required items to [Becca@fenwayfoundation.com](mailto:Becca@fenwayfoundation.com). Upon receipt of your fully completed application, the Fenway Foundation will review if your Friesian can be accepted into our program.