



**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 & 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's 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 of the horse in the event of your incapacity or death.

**Please be certain that your temporary caretaker has access to 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 that instructs 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 to the Fenway Foundation for the horse listed in this document.

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 personal 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 personal 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 in regard to the horse/horses that your are bequeathing to the Fenway Foundation, (i.e. these horses must remain together, this horse shouldn't be ridden, driven, bred, etc.)

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

Donor:

\_\_\_\_\_ Date: \_\_\_\_\_

Fenway Foundation for Friesian Horses, Inc.

\_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Its \_\_\_\_\_

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