



**CIRCLE F**

**CIRCLE F HORSE RESCUE SOCIETY**  
Box 73, Station Main, Abbotsford, BC, V2T 6Z4  
E-mail address: info@circlef.ca  
Website: www.circlef.ca

## TRANSFER OF OWNERSHIP

Information provided by: \_\_\_\_\_ Date provided: \_\_\_\_\_

Registered name of your horse: \_\_\_\_\_

Or name, if not registered: \_\_\_\_\_

Call name, if different from above: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of birth or age: \_\_\_\_\_

Height: \_\_\_\_\_ Colour: \_\_\_\_\_ Markings: \_\_\_\_\_

Registered papers: Received \_\_\_\_\_ Not Received \_\_\_\_\_ N/A \_\_\_\_\_

Date you or owner acquired the horse: \_\_\_\_\_

For what purpose was it acquired? \_\_\_\_\_

What was it used for? \_\_\_\_\_

Why do you wish to surrender the horse?

### General Information

**1. Disposition/Temperament:** Is the horse well mannered in the following situations? (check all that apply)

Handling \_\_\_ feeding \_\_\_ driving \_\_\_ riding \_\_\_ catching \_\_\_ trailoring \_\_\_ with farrier \_\_\_ with vet \_\_\_

Describe other good traits that we should be aware of: (e.g. good with children, pets etc)

Describe any situations in which the horse may be hard to handle or have behaviour problems  
e.g. cribbing, weaving, pacing, rearing, bucking, biting, aggressive, etc.

**2. Shelter:** Indicate how the horse has been sheltered. For example, has the horse been stalled, placed in three sided shelter, been out in the open, blanketed, etc?



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3. **Tack:** What has been the customary tack and bit used?
4. **Use of horse:** In your opinion what do you think this horse's use recommendations and limitations are?
5. **Handling:** Have you any recommendations in regards to how others should handle the horse?
6. **Feeding:** What recommendations do you have for feeding the horse?
7. **Farrier:** When was your last farrier call date? \_\_\_\_\_  
What recommendation does he have regarding trimming, corrective shoes, etc?
- Name of farrier most familiar with the horse: \_\_\_\_\_  
Phone number of farrier: \_\_\_\_\_
8. **Medical Information:** Please list all known medical problems/conditions ( allergies, navicular, broken bones, injuries, lameness, heaves, etc. ), their diagnosis, type of treatment, what has worked, what has not worked, medication recommended, prognosis for healing, is condition recurrent?  
Recommendations, restrictions, limitations:

Name of veterinarian most familiar with the horse: \_\_\_\_\_

Phone number of the vet: \_\_\_\_\_



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**9. Vaccinations:**

\_\_\_ Flu/rhino Date: \_\_\_\_\_ \_\_\_ Tetanus Date: \_\_\_\_\_  
\_\_\_ West Nile Date: \_\_\_\_\_ \_\_\_ Other (please specify) \_\_\_\_\_ Date: \_\_\_\_\_

**11. De-worming:** last date \_\_\_\_\_ Type used \_\_\_\_\_

**12. Teeth:** date last checked \_\_\_\_\_ date last floated \_\_\_\_\_

Recommendations:

**13. Other pertinent information:** ( use separate sheet if more space is required )

**14. Name of owner(s):** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**15. Declaration**

I/we (please print name) \_\_\_\_\_ hereby transfer  
ownership of (horse's registered/call name) \_\_\_\_\_ to the CIRCLE F  
HORSE RESCUE SOCIETY. This transfer of ownership is a gift and no monies have been or will be  
exchanged.

Owner(s) signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Circle F Horse Rescue Society  
authorized signature: \_\_\_\_\_ Dated: \_\_\_\_\_