



## New Start Racehorse Donation Application

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New Start  
1541 Mumma Rd  
Harrisburg, PA 17112

Phone: 717.645.6615  
Fax: 717.469.7714  
info@newstartforhorses.com

### Owner Information:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_

### Horse Information:

Registered Name: \_\_\_\_\_

Tattoo Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_ Date of Latest Coggins: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Trainer: \_\_\_\_\_

Does your horse have any vices? Please choose all that apply:

Cribbing \_\_\_\_\_ Stall Walking \_\_\_\_\_ Biting \_\_\_\_\_ Weaving \_\_\_\_\_ Kicking \_\_\_\_\_ Flipping \_\_\_\_\_

What is your horse's disposition? Please choose one:

Laid Back \_\_\_\_\_ Aggressive \_\_\_\_\_ Spooky \_\_\_\_\_ Kind \_\_\_\_\_

What discipline do you think your horse will be best suited for?

Show \_\_\_\_\_ Eventing \_\_\_\_\_ Polo \_\_\_\_\_ Trail \_\_\_\_\_ Field Hunter \_\_\_\_\_ Western Events \_\_\_\_\_

Has your horse had any surgeries? \_\_\_\_\_

Why are you donating this horse? \_\_\_\_\_

Does this horse have any current or past injuries which may affect their placement? \_\_\_\_\_

Details \_\_\_\_\_

We would like your permission to view any x-rays and veterinary records currently on file.

Please attach a copy of the current Coggins, registration papers and racing record to this application.

If, after examination by New Start veterinarian and Program Coordinator, the donator decides to withdraw the horse from the New Start program, any expenses for veterinary procedures related to the examination will become the financial responsibility of the donator.

### **Financial Donation**

Do you wish to make a donation to accompany your horse? No \_\_\_\_\_ Yes \_\_\_\_\_ \$ \_\_\_\_\_

I understand a donation of the horse is subject to New Start's review and approval, If this application is accepting, I understand and agree to the following:

By delivery of the donated horse to New Start, I transfer complete ownership of the donated horse to New Start, which includes the care, custody and control of the horse, and the right to transfer ownership/registration to New Start or to a person or organization adopting the donated horse. New Start shall have sole and full discretion on the care and disposition of the horse, to include making decisions on veterinary treatment or procedures; adoption of the horse to persons or organizations deemed suitable; or euthanasia.

Liability and risk of loss remains with Donor until New Start is in actual possession of the donated horse.

All expenses related to donated horse shall be paid by Donor until New Start is in actual possession of the donated horse.

All matters arising from this donation to New Start will be construed under the laws of the Commonwealth of Pennsylvania, and any action by either party shall be brought in a court of competent jurisdiction in Dauphin County, Pennsylvania.

\_\_\_\_\_

Signature of Donor

Date