

Hooves & Paws Rescue of the Heartland, Inc.  
"A Place To Heal"  
27821 US Hwy 34  
Glenwood, Iowa 51534  
712-527-3721  
[www.hoovespaws.org](http://www.hoovespaws.org)  
E-mail Address [info@hoovespaws.org](mailto:info@hoovespaws.org)  
Alternate E-mail address [Legs1212@aol.com](mailto:Legs1212@aol.com)  
Horse Placement Form Agreement

**All information must be completed before placement is possible.**

Date - \_\_\_\_\_  
Name of Horse - \_\_\_\_\_  
Breed Type - \_\_\_\_\_

**Mare, Gelding, Stallion (Circle One)**

Age – (Please include date of birth if possible) \_\_\_\_\_  
Color & Markings - \_\_\_\_\_  
Size – (hh) - \_\_\_\_\_

Medical Information – Please include any special needs we should know about -

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Coggins Tested? \_\_\_\_ Yes \_\_\_\_ No Date of last test - \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Photographs(s) \_\_\_\_ Yes \_\_\_\_ No (Please enclose any that you can provide with the date of the photo(s))  
Halter Broken? \_\_\_\_ Yes \_\_\_\_ No  
Can the horse's feet be picked up? \_\_\_\_ Yes \_\_\_\_ No  
Can the horse be ridden? \_\_\_\_ Yes \_\_\_\_ No  
If not, please explain

\_\_\_\_\_  
\_\_\_\_\_

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Temperament and manners – (Please give as many details as possible)

\_\_\_\_\_  
\_\_\_\_\_

Does the horse get along well with other horses? \_\_\_\_ Yes \_\_\_\_ No  
Does the horse get along well with children? \_\_\_\_ Yes \_\_\_\_ No  
Does the horse have any professional training? (Please describe) \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
\_\_\_\_\_

Is the horse sound enough to travel \_\_\_\_ Yes \_\_\_\_ No

Your Name - \_\_\_\_\_

Your Address - \_\_\_\_\_

City, State, Zip - \_\_\_\_\_

Daytime Telephone Number - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Evening Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax Number - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Horse's Veterinarian – (Name, Address, Phone Number, Cell Phone Number) -

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Release Of Ownership (Please Read Carefully)

I agree and understand all of the following:

I am giving up all rights of possession and ownership of this horse and that I will not be able to redeem said horse at any time and I will not be allowed to know the horse's whereabouts.

The said horse is now the "sole property" of Hooves & Paws Rescue of the Heartland, Inc.

I swear that all of the above stated information that I am giving is accurate and that Hooves & Paws Rescue of the Heartland, Inc. will not be held liable or chargeable for any false information or any misrepresentations that I may have submitted on this form.

I agree the Hooves & Paws Rescue of the Heartland, Inc. will evaluate the said horse to determine if he/she is "adoptable".

Hooves & Paws Rescue of the Heartland, Inc. cannot guarantee placement.

Surrendering Owner Information

Print your name (Previous owner) - \_\_\_\_\_

Signature of previous owner - \_\_\_\_\_

Address - \_\_\_\_\_

City, State, Zip - \_\_\_\_\_

Phone Number with area code - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number - \_\_\_\_\_ Issuing State - \_\_\_\_\_