



Horse Surrender Agreement

between

Racing NSW
86 281 604 417

and

Name: _____

Surrender Agreement

By execution of this agreement, the gifter (Name, Address, Email), who until this agreement is executed by both parties owns the horse/s detailed below (the surrendered horse/s) and is responsible for all costs associated with the welfare, care, retraining, rehoming and other responsibilities under LR 114 of the Rules of Racing, agrees to gift the surrendered horse/s to the giftee Racing NSW (86 281 604 417) to be owned by them free and clear of any and all encumbrances.

The gifter acknowledges and agrees that:

1. It will cover the cost of transport of the surrendered horse/s to the re-training facility advised by the giftee.
2. It will provide a photo of the left side with brand side of the surrendered horse/s at the time of applying for the surrender of the horse.
3. It will complete the assessment form set out below (for each surrendered horse) prior to signing this agreement.
4. Once this agreement is signed and the surrendered horse/s is delivered to the relevant re-training facility, full right, title and interest in the surrendered horse/s will pass from the gifter to the giftee.

The giftee will use it best endeavours to facilitate the following for the surrendered horse/s:

That each surrendered horse is given the best opportunity for retraining for a career in an equestrian pursuit that best suits the horse's athletic and behavioural temperament. If a surrendered horse is unsuccessful for retraining or rehoming due to physical or mental challenges and is unable to be retrained or rehomed the giftee is responsible for the ongoing welfare cost associated with the horse's care. Any revenues furnished to the giftee for the retraining of a surrendered horse will go back into the Racing NSW Equine Welfare Fund for the purpose of funding further education and training for retired race horses.

HORSE ASSESSMENT FORM		
Each horse requires its own "Horse Assessment" Form		
1. General Information		
Race Name (or stable name if unraced)		
Microchip number		
Brands		Foal Date:
Sex	<input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Filly <input type="checkbox"/> Colt * <input type="checkbox"/> Stallion* <i>* must be gelded prior to acceptance.</i>	
Height		Colour:
Horse's Current Address:		
Contact details at this address	Name:	Phone:
	Email:	
Trainer's Name		
Trainer's Address		
Trainer's Contact:	Email:	Phone:
Pre-Trainer's Name		
Pre-Trainer's Address		
Re-Trainer's Contact:	Email:	Phone:
Breaker's Name:		
Breaker's Contact:	Phone:	
Owners Name		
Owner's Address		
Owner's Contact:	Email:	Phone:
Date Last Raced		
Current Work Status:	<input type="checkbox"/> Spelling, in paddock, sound <input type="checkbox"/> Injured, box rest* <input type="checkbox"/> In work <input type="checkbox"/> Spelling, in paddock, injured or ill <i>* box rest must be completed before admitted to the program.</i>	
Last vaccination/type	Type	Date
Last wormed/product		

	Current Medication	
	Why was the horse retired?	<input type="checkbox"/> Too slow <input type="checkbox"/> Illness <input type="checkbox"/> Injured <input type="checkbox"/> Owner's request <input type="checkbox"/> behavioural reasons
		Specify:
2. Behavioural Assessment		
	Can the horse be lead quietly in a halter?	<input type="checkbox"/> Yes <input type="checkbox"/> No, requires bit
	Temperament	<input type="checkbox"/> Highly Strung/ Anxious/ Special Needs <input type="checkbox"/> Confident <input type="checkbox"/> Quiet/relaxed
	Way of Going	<input type="checkbox"/> Hot <input type="checkbox"/> Steady <input type="checkbox"/> Lazy
Vices		
	Has the horse been known to windsuck?	<input type="checkbox"/> Yes, regularly <input type="checkbox"/> Yes, when stabled only <input type="checkbox"/> No, never
	Weaving	<input type="checkbox"/> Yes, regularly <input type="checkbox"/> Yes, when? <input type="checkbox"/> No, never
	Fence Walker	<input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes, when? <input type="checkbox"/> No, never
	Biting	<input type="checkbox"/> Yes, regularly <input type="checkbox"/> Yes, on girthing up <input type="checkbox"/> Yes, when grooming <input type="checkbox"/> Yes, when? <input type="checkbox"/> No, never
	Kicking	<input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes, when? <input type="checkbox"/> No, never
	Striking	<input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes, when? <input type="checkbox"/> No, never
	Rearing – on ground	<input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes <input type="checkbox"/> No, never
	Rearing – under saddle	<input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes <input type="checkbox"/> No, never
	Bucking under saddle	<input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes <input type="checkbox"/> No, never
	Bolts	<input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes <input type="checkbox"/> No, never
	Spooky	<input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes <input type="checkbox"/> No, never
	Horse Shy	<input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes, when? <input type="checkbox"/> No, never
3. Horse Management		
	How does the horse travel?	<input type="checkbox"/> Good <input type="checkbox"/> Anxious <input type="checkbox"/> Very anxious/poorly <input type="checkbox"/> very poor, needs sedation <input type="checkbox"/> scrambles
	What modes of transport will the horse travel in?	<input type="checkbox"/> Any <input type="checkbox"/> Angle Load <input type="checkbox"/> Straight load float <input type="checkbox"/> truck <input type="checkbox"/> Unsure has only travelled via truck
	How is the horse for the farrier?	<input type="checkbox"/> Good <input type="checkbox"/> Requires holding <input type="checkbox"/> Poor, eg, requires twitch or sedation <input type="checkbox"/> Kicks <input type="checkbox"/> Pulls back
	Idiosyncrasies / Fears	
	Personality Traits	<input type="checkbox"/> friendly <input type="checkbox"/> neutral <input type="checkbox"/> unfriendly <input type="checkbox"/> other, comment: <input type="checkbox"/> aggressive <input type="checkbox"/> fearful <input type="checkbox"/> aggressive towards horses
	Further Comments on behaviour?	
4. Medical History		
	Surgical History	Orthopaedic Surgery (bones/joints/tendons etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No

	Wind Surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Colic/Abdominal	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other	
	If yes, please record details and dates and attach reports:	
Scars or Wounds?	<input type="checkbox"/> No, none <input type="checkbox"/> Minor, healed <input type="checkbox"/> Yes, recent, please specify:	
Tendon Injuries?	<input type="checkbox"/> None known	<input type="checkbox"/> Yes, requires spelling
	<input type="checkbox"/> Yes, healed	<input type="checkbox"/> 6 weeks <input type="checkbox"/> 3 mths <input type="checkbox"/> 6 mths+
	Specify which leg(s) and severity, and attach imaging:	
Ligament Injuries?	Suspensory Ligament Injury? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected	
	Other ligament injury? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected	
	If yes, or suspected please specify location, when etc. and attach imaging:	
Hoof Issues?	<input type="checkbox"/> No <input type="checkbox"/> Seedy Toe <input type="checkbox"/> Cracks <input type="checkbox"/> Previous laminitis <input type="checkbox"/> Flat feet <input type="checkbox"/> other	
	Corrective Shoeing Required? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure	
Dental Issues?	<input type="checkbox"/> No <input type="checkbox"/> Yes, parrot mouth <input type="checkbox"/> Yes, specify	
Arthritis/ Degenerative Changes	<input type="checkbox"/> No <input type="checkbox"/> Yes, confirmed on xray (attach) <input type="checkbox"/> Yes, suspected	
Problems wind/respiratory?	<input type="checkbox"/> No <input type="checkbox"/> Yes, roarer <input type="checkbox"/> Yes, bleeder <input type="checkbox"/> Yes, other: <input type="checkbox"/> Surgical intervention, please attach report	
Gastric Ulcers	<input type="checkbox"/> No <input type="checkbox"/> Yes, in the past, treated <input type="checkbox"/> Yes, likely	
Skin Conditions? <i>Eg. Itch or other</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify:	
Adverse Drug Reactions?	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify:	
Conformational Deformities?	For example: club foot, sway back, roach back, angular limb <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:	
Does the horse have any issues that may impact on their re-training/re-homing?		
What type of career do you think the horse could be suited to?	<input type="checkbox"/> Companion only <input type="checkbox"/> Eventing /sporting /jumping <input type="checkbox"/> Dressage / Equitation	<input type="checkbox"/> Pleasure / Trail <input type="checkbox"/> Unsure <input type="checkbox"/> Other, specify
What competency of handler /rider is required for the horse?	Rider <input type="checkbox"/> Intermediate <input type="checkbox"/> Experienced	Handler <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Experienced
Please Attach	<input type="checkbox"/> X-ray / Ultra sounds films or reports must be attached <input type="checkbox"/> Available Veterinary Reports <input type="checkbox"/> Photos of the horse – left side with brand visible, right side, front on <input type="checkbox"/> Copy of RISA Card or other identifying documents <input type="checkbox"/> Evidence the horse has been formally retired recognising that they are in a PRA program.	

Office Use Only	Veterinary Acceptance Administrative Acceptance Location for drop off advised	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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Signed on behalf of **Racing NSW** ABN **86 281 604 417** by its duly authorised representative:

Signature:

Print Name:

Office Held:

Date:

Signed on behalf of:

Signature:

Print Name:

Date:
