



# Horse Surrender Agreement

Between Racing NSW (86 281 604 417)  
and

## Surrender Agreement

By execution of this agreement, the gifter (*insert 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. The horses has been **formally retired using the Racing Australia, “Retirement of a Racehorse or Death Notification Form”**
2. It has made reasonable attempts to rehome the horse in accordance with Local Rule of Racing LR 114(c).
3. It will cover the cost of transport of the surrendered horse/s to the facility advised by the giftee.
4. It will provide **at least 3 photos of the left and right sides, and head, ensuring brands are legible and the whole body is visible**, at the time of applying for the surrender of the horse.
5. It will seek accurate information about the horse and complete the assessment form (in its entirety), set out below for each surrendered horse prior to signing this agreement.
6. 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:

1. 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.
2. 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.
3. 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 racehorses.

**Declaration:** I have read, understood, acknowledge and agree to the terms and conditions of surrender, and I certify that to the best of my knowledge and belief the particulars as outlined in this document are true and correct. I also declare that I understand that making a false declaration constitutes a breach of the Australian Rules of Racing and may put persons working with, or purchasing the horse, at risk of injury.

<b>Signed on behalf of Business Name:</b>		<b>ABN:</b>	
<b>Name:</b>		<b>Date:</b>	
<b>Signature:</b>			



**Note: Horses will not be excluded due to injury or behavioural issues. Please gather accurate information from the stable/trainer and be honest in disclosure for the *safety of people and welfare of the horse.***

### HORSE ASSESSMENT FORM – 1 per horse

#### 1. General Information

<b>Race Name</b> <i>(Sire and dam if unnamed)</i>			
<b>Microchip number</b>			
Brands		Foal Date:	
Sex	<input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Filly <input type="checkbox"/> Colt * <input type="checkbox"/> Stallion* <input type="checkbox"/> Rig <i>* must be gelded prior to acceptance.</i>		
Height		Colour:	
Broken in?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the horse receive yearling preparation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the horse is unraced/ unnamed specify why:			
Horse's Current Address:			
Contact at this address	Name:	Phone:	
	Email:		
Trainer's Name			
Trainer's Address			
Trainer's Contact:	Email:	Phone:	
Pre-Trainer's Name and Contact:			
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/ill <i>* box rest must be completed before admission.</i>		
Last vaccination/type	Type(s)	Date	
Last wormed/product			
Current Medication			
Why was the horse retired?	<input type="checkbox"/> Too slow <input type="checkbox"/> Injured	<input type="checkbox"/> Illness <input type="checkbox"/> Owner's request	<input type="checkbox"/> behavioural reasons
<b>Specify:</b>			
<b>Nutrition:</b>	Describe the horse's current diet:		



Type/amt of hay/forage: Hard feed (specify): Supplements:	
<b>2. Behavioural Assessment – <i>your honesty will assist us in managing/re-homing appropriately</i></b>	
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
<b>Vices</b>	
Windsucker?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Yes, when stabled only
Weaving	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Yes, when?
Fence Walker	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes, when?
Biting	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Yes, girthing <input type="checkbox"/> Yes, sometimes
Kicking	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes, when?
Striking	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes, when?
Rearing – on ground	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes
Rearing – under saddle	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes
Bucking under saddle	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes
Bolting	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes
Spooky	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes
Horse Shy	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes, when?
<b>3. Horse Management</b>	
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
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
Idiosyncrasies, fears or further comments on behaviour?	
<b>4. Medical History</b>	
<b>Surgical History</b>	Orthopaedic Surgery (bones/joints/tendons etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes
	Wind Surgery <input type="checkbox"/> No <input type="checkbox"/> Yes
	Colic/Abdominal <input type="checkbox"/> No <input type="checkbox"/> Yes
	Please record details and dates of surgery and attach veterinary reports:
<b>Scars or Wounds?</b>	<input type="checkbox"/> No, none <input type="checkbox"/> Minor, healed <input type="checkbox"/> Yes, recent, please specify:



<b>Tendon Injuries?</b>	<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:										
<b>Ligament Injuries?</b>	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 <u>please specify which leg, when</u> etc. and attach imaging:									
<b>Hoof Issues?</b>	<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										
<b>Dental Issues?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, parrot mouth <input type="checkbox"/> Yes, specify									
<b>Arthritis/ Degenerative Changes</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, confirmed on xray (attach) <input type="checkbox"/> Yes, suspected, where/which leg?									
<b>Problems wind/respiratory?</b>	<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									
<b>Gastric Ulcers</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, in the past, treated <input type="checkbox"/> Yes, likely									
<b>Skin Conditions?</b> <i>Eg. Itch</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify:									
<b>Adverse Drug Reactions?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify:									
<b>Conformational Deformities?</b>	For example: club foot, sway back, roach back, angular limb									
	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify:									
<b>Gait abnormalities/ neurological?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify:									
<b>What else can you tell us (good and bad) about the horse to assist us in re-homing appropriately?</b>										
<b>What type of career do you think the horse could be suited to?</b>	<input type="checkbox"/> Companion only	<input type="checkbox"/> Pleasure / Trail								
	<input type="checkbox"/> Eventing /sporting /jumping	<input type="checkbox"/> Unsure								
	<input type="checkbox"/> Dressage / Equitation	<input type="checkbox"/> Other, specify								
<b>What competency of handler /rider is required for the horse?</b>	<b>Rider</b> <input type="checkbox"/> Intermediate <input type="checkbox"/> Experienced	<b>Handler</b> <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Experienced								
	<table border="1"> <tr> <td rowspan="4"><b>Please Attach</b></td> <td><input type="checkbox"/></td> <td>X-ray / Ultra-sound films &amp; vet reports must be attached</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Photos of horse – <u>entire</u> left side with brand visible, right side &amp; front on</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Copy of RISA Card or other identifying documents</td> </tr> <tr> <td><input type="checkbox"/></td> <td><u>Evidence</u> the horse has been formally retired (into PRA program)</td> </tr> </table>		<b>Please Attach</b>	<input type="checkbox"/>	X-ray / Ultra-sound films & vet reports must be attached	<input type="checkbox"/>	Photos of horse – <u>entire</u> left side with brand visible, right side & front on	<input type="checkbox"/>	Copy of RISA Card or other identifying documents	<input type="checkbox"/>
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<b>Office Use Only</b>	<b>Form reviewed with surrendering party?</b> <i>Accurate reflection of behaviour/injury, embargoes checked.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	<b>Administrative Acceptance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	Name:	Signature: <span style="float: right;">Date:</span>								