



Horse Surrender Agreement

Between Racing NSW (86 281 604 417) (“Giftee”) and

Name/Company:

Name of Horse:

By execution of this agreement, the “Gifter”:

Name:

Email:

Address:

Phone:

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 horse has been **formally retired using the Racing Australia, “Retirement of a Racehorse or Death Notification Form”**
2. Reasonable attempts have been made to rehome the horse in accordance with Local Rule of Racing LR 114(c).
3. They will cover the cost of transport of the surrendered horse/s to the facility advised by the giftee.
4. They 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. Evidence will be provided of dental float and balance and all vaccinations in the last 12 months.
6. The horse has been wormed in the last 3 months.
7. Veterinary treatment and rehabilitation for recent injuries has been completed (in accordance with Local Rule 114 cl. 5(g))
8. Any health issues, including past injuries, lameness, medical conditions and behavioural vices have been detailed in the following pages of this document and disclosed to TTNSW Veterinarians.
9. They will provide 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.
10. They are the current legal owner of the horse(s) being surrendered and the person signing the declaration below is legally authorised to gift this horse, such that they indemnify Racing NSW if they are subsequently discovered not to be the legal owner of the horse at the time of signing.
11. 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.

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 details in this document (including this page and the following four (4) pages) are true and correct in every particular. I also declare that I understand that this is a legal document and making a false or misleading declaration herein may constitute a breach of the Rules of Racing, may put persons at risk of injury and may necessitate Racing NSW taking further action against anyone who makes a false or misleading declaration.

Signed on behalf of Business Name:		ABN:	
Name:		Date:	
Signature:			



Note: Horses will not be excluded due to injuries or behavioural issues, however they must have completed veterinary treatment (in accordance with Local Rule 114 cl.5(g)). Residual lameness must be disclosed and discussed prior to surrender. 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

In accordance with Local Rule 114 cl. 5(c), please detail all efforts you have made to rehome the horse **prior** to application surrender to Team Thoroughbred NSW:

1. General Information

Race Name <i>(Sire & dam if unnamed)</i>			
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* <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 <input type="checkbox"/> Unknown
If the horse is unraced/ unnamed specify why:			
Horse Owner Details	Name:	Phone:	
	Address:	Email:	
Horse's Current Address:			
Contact at this address <i>(If different to owner details, otherwise put "as above")</i>	Name:	Phone:	
	Email:		
Trainer's Name			
Trainer's Contact:	Email:	Phone:	
Date Last Raced			
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
Has the horse been the subject of any stewards embargos or suspension?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Specify		
Current Work Status on surrender:	<input type="checkbox"/> Spelling, in paddock, sound <input type="checkbox"/> In work, sound <input type="checkbox"/> Injured, box rest* <input type="checkbox"/> Spelling, in paddock, injured/ill <i>* box rest must be completed before admission.</i>		



2. Medical Information		
Last vaccination/type	Type(s)	Date
Tetanus/Strangles		
Hendra		
Last wormed/product		
Current Medication		
Any adverse drug reactions?		
Date of last Equine Dental examination (< 12 months ago):		
Date last seen by a farrier:		
Nutrition Type/amt of hay/forage: Hard feed (specify): Supplements:	Describe the horse's current diet:	
Is the horse currently lame at trot?	<input type="checkbox"/> No <input type="checkbox"/> Yes - please note this must be discussed prior to surrender/delivery of the horse. Cause of lameness:	
Surgical History?	Orthopaedic Surgery (bones/joints/tendons etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Wind Surgery (tieback etc.)	<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:	
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, healed	<input type="checkbox"/> Yes, requires spelling* <input type="checkbox"/> 6 weeks <input type="checkbox"/> 3 mths <input type="checkbox"/> 6 mths+ <input type="checkbox"/> 12 mths
	<i>*In accordance with Local Rule 114 cl. 5g if a horse is in need of veterinary treatment (including ongoing veterinary treatment), it is not to be transferred to a new home until that veterinary treatment has been provided or Racing NSW is satisfied it will receive that veterinary treatment.</i>	
	Specify which leg(s), tendon, severity, and attach imaging even for old injuries:	
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 <u>please specify which leg, when</u> 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 (please detail)	
	Corrective Shoeing Required? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure	



Gait abnormalities/limb interference/neurological?	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify:
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, where/which leg?
Wind/respiratory problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes, roarer <input type="checkbox"/> Yes, bleeder <input type="checkbox"/> Yes, other: <input type="checkbox"/> Surgical intervention, <i>please attach report</i>
Gastric Ulcers?	<input type="checkbox"/> No <input type="checkbox"/> Yes, in the past, treated <input type="checkbox"/> Yes, likely
Skin Conditions?	For example: Rainscald, dermatitis, itch etc. <input type="checkbox"/> No <input type="checkbox"/> Yes, specify treatment received:
Conformational Deformities?	For example: club foot, sway back, roach back, angular limb <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:
Eye injury/ailments?	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify:
Any other medical issues not addressed above?	Please specify:
Prognosis for horse if injured/ill based on vet advice? (attach vet reports)	<input type="checkbox"/> Very Good – Likely to make full recovery and undertake any kind of work <input type="checkbox"/> Good Likely to have minor physical limitations after recovery <input type="checkbox"/> Fair -Likely to have moderate restrictions after recovery <input type="checkbox"/> Poor – likely to have significant permanent restriction/disability <input type="checkbox"/> Not applicable – sound
3. Behavioural Assessment – your honesty will assist us in managing/re-homing appropriately	
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
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
Vices	
Windsucker?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Yes, when stabled only
Weaving/ Fencewalking	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Yes, when?
Biting	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Yes, girthing <input type="checkbox"/> Yes, sometimes
Kicking/Striking	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes, when?
Rearing	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, on ground <input type="checkbox"/> Yes, under saddle
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/Horse Shy	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, regularly <input type="checkbox"/> Sometimes
Quirks, fears or further behavioural comments?	



4. 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
5. Additional Information	
What else can you tell us (good and bad) about the horse to assist us in re-homing appropriately?	
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
Surrender Agreement submission checklist (please check boxes)	<input type="checkbox"/> Prior rehoming efforts detailed in accordance with LR114
	<input type="checkbox"/> Vet reports, X-rays, Ultra-sound films attached
	<input type="checkbox"/> Evidence of dental and vaccination 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"/> Confirmation the horse has been formally retired
	<input type="checkbox"/> Information on this form is thoroughly detailed & accurate

Office use only	<i>Administrative Acceptance</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Relevant notes:		
	<i>Name:</i>	<i>Signature:</i>	<i>Date:</i>