



## HIGHVELD HORSE CARE UNIT

P O BOX 20 Randvaal 1873.  
42 Maanhaarjakkals str. Meyerton  
Reg. No. 2002/026387/08 047-434-NPO  
Tel – 081 598 3842/081 573 4098

**PLEASE RETURN TO:** Email - info@horsecare.org.za  
Fax - 086 643 8345

## NHT HIGHVELD HORSE CARE UNIT Surrender Of Equine

Donated  Stray  Abandoned  Medical

### Particulars of Equine

Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Color \_\_\_\_\_ Gender \_\_\_\_\_

### Owner Details

Name \_\_\_\_\_ Address \_\_\_\_\_

Postal \_\_\_\_\_  
\_\_\_\_\_

Tel. (H) \_\_\_\_\_ (W) \_\_\_\_\_

I certify that I do/do not own the animal described above and freely surrender all my interest, if any, therein, to the Highveld Horse Care Unit, (a branch of the National Horse Trust). I request that the horse be disposed of (rehabilitated, rehomed or euthanasia) at the discretion of the Highveld Horse care Unit.

I confirm that neither the HHCU, the NHT, nor their employees or officials shall incur any obligation to me on account of such disposal of the said animal.

In the case of medical attention, I agree to permit the HHCU to provide the best medical attention at their disposal, and within their discretion, and to pay all reasonable costs incurred by HHCU.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Donation \_\_\_\_\_ HHCU Employee \_\_\_\_\_