



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 HHCUC, 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 HHCUC to provide the best medical attention at their disposal, and within their discretion, and to pay all reasonable costs incurred by HHCUC.

Date _____ Signature _____

Donation _____ HHCUC Employee _____