

## Finger Lakes Thoroughbred Horse Donation Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Horse name \_\_\_\_\_ Registration or Tattoo # \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Medical information (deworming, vaccinations, injuries) \_\_\_\_\_

### Finger Lakes Thoroughbred Adoption Program's Mission Statement

**The primary purpose of this program is to place Thoroughbreds from Finger Lakes Racetrack into suitable adoptive homes or other approved equine placement organizations once their career on the racetrack has come to an end. Horses entering this program must AT LEAST have the soundness and temperament to carry a rider for pleasure purposes. It is our hope that providing this service will offer an alternative to sending functional horses to an uncertain destination through an auction as well as cut down on the number of horses past their prime continuing to race, thus making our sport safer for all, especially our equine athletes.**

Please describe the horse's temperament, soundness and any habits about which the FLTAP and its adopters should know: \_\_\_\_\_

\_\_\_\_\_ Trainer initials \_\_\_\_\_

Does this horse's temperament, soundness or habits pose any danger to those riding or handling it (e.g. bites, kicks, rears, bucks, requires tranquilization to trailer, etc.)? \_\_\_\_\_

\_\_\_\_\_ Trainer initials \_\_\_\_\_

Has this horse ever injured anyone? Yes \_\_\_\_\_ No \_\_\_\_\_ Trainer initials \_\_\_\_\_

If you answered yes, please explain in full detail by attaching an additional sheet. If you are unsure, please ask your trainer before completing this section.

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Is this horse a cribber? Yes \_\_\_\_ No \_\_\_\_ ; Does he/she weave or walk the stall?

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**To the best of my knowledge, the above information is true and correct.**

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Owner's signature

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Trainer's signature

I hereby donate the above named horse to the Finger Lakes Thoroughbred Adoption Program, Inc. and thereby relinquish all ownership in this animal. Furthermore, I do hereby certify that no other party has any ownership interest in the above described horse. I understand that the Finger Lakes Thoroughbred Adoption Program, Inc. will not be responsible for any financial obligations incurred by the owner(s) on behalf of this animal prior to its donation to the program.

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Donor

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FLTAP Representative

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Witness

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Date

**Complete and Return to:**

**Finger Lakes Thoroughbred Adoption Program, Inc.  
P.O. Box 25043, Farmington, NY 14425  
(phone) 585-303-1897; (fax) 585-924-3967  
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