



PEGASUS PROJECT

Equine Removal from Program Form

Equine: _____ Breed: _____ Age: _____ Description: _____

Donated Purchased Leased

Reason for Removal: _____

Permanently Removed Temporarily Removed Euthanasia On Vacation: 6months 1year

Signatures (Two Required)

Signature

Printed Name

Date

Instructor: _____

Executive Director: _____

*Copy (Certified Mail) and/or phone call to previous owner **IF** equine was requested returned to previous owner. Has three weeks from Certified Mail to **inform Pegasus & make arrangements** to pick up equine.

OUTCOME:

Returned to Previous Owner

Sold \$ _____

Vacation Home Found

Signature of Previous Owner

Staple Bill of Sale to this form

With: _____

Printed Name

@ _____

Date

_____, WA _____

Phone Number: _____

Cell Number: _____

Signature: _____

Date: _____

Witness of Outcome

Pegasus Representative

Date

Bill of Sale

This confirms transfer of ownership of “horse’s name” from Pegasus Project Therapeutic Riding Center on (DATE) to _____.

It has been disclosed with this re-homing that (horse’s name) has the following maintenance and/or pre-existing conditions:

If the new owner cannot keep this horse for any reason, we ask that you return them to Pegasus Project free of charge so we can find an alternative home for them.

New owner or agent

Date

Michelle Koffler
Barn Manager – Pegasus Project

Date

Last Hoof Trim –
Last Dental –
Most recent deworming –
Most recent vaccinations –
Current Diet –