

## Purple Haze Standardbred Adoption Program Horse Donation Form

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

Address \_\_\_\_\_

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

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

Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_

Medical information (deworming, vaccinations, injuries) please provide coggins

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### Purple Haze Standardbred Adoption Program

The primary purpose of this program is to place Standardbred 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 (PHSAP) 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.

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

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

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Trainer's signature

I hereby donate the above named horse to the Purple Haze Standardbred 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 Purple Haze Standardbred 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. \_\_\_\_\_

Donor

\_\_\_\_\_  
PHSAP Representative

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Complete and Return to:

Purple Haze Standardbred Adoption Program, Inc.

PO Box 253, Oxford, New York 13830

(office) 607-843-2299

Cell (518-669-2715)

Email: officePHSAP@gmail.com