

**Recreational Sports Center**

Oxford, Ohio 45056-3492

Equestrian Center

Heather Pinnick

Director

(513)255-4863

Equestrian Program Transfer of Ownership

Description of Horse:

Name: _____

Breed: _____

Color and Markings: _____

Approximate height and weight: _____

Age: _____

Sex: _____

Owner information (hereafter referred to as "new owner"):

Name: _____

Address: _____

City, State, Zip: _____

Business Phone _____

Miami University hereby transfers ownership of the above horse to the new owner listed above. Upon agreeing to take the horse, the new owner is taking on full care and sole responsibility for the horse.

Notes: _____

Signature of Miami ECC_____
Signature of new owner

Date of Transfer: _____

Application for rehoming Miami Horse

Name: _____

Address: _____

Phone: _____ Cell: _____

Horse Requesting: _____

Stable Location: _____

Type of Shelter: _____ Fence Type: _____

Will the horse be turned out with other animals? How Many? _____

- ☐ Yes
- ☐ No

Will the horse be ridden?

- ☐ Yes
- ☐ No

If yes, what is their experience level? _____

How will the horse be transported to boarding location? _____

What type of work will the horse be doing? _____

How often? _____

Will the horse be jumping?

- ☐ Yes
- ☐ No

Who is your farrier? _____

Who is your vet? _____