

Martin Community College FOUNDATION

Horse Donation Form

Donor Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____

Email: _____

Animal Information

Species: _____ Breed: _____

Sex: _____ Age: _____ Color: _____

Identifying Marks: _____

Registration Number: _____ AQH _____ Other _____

Registered Name: _____

Barn Name: _____

Estimated Animal Value Determined by Donor and/or Appraiser: \$ _____

I, the undersigned, certify that I am the owner or authorized agent of the owner of the above-described animal. I unconditionally release this animal and all progeny from it to the Martin Community College Foundation, Inc. of Williamston, NC for use in Martin Community College's Equine Program. When the animal is no longer needed, I understand that the Martin Community College Foundation has full authority to dispose of the animal by sale, euthanasia, or as it deems appropriate.

Owner/Agent's Signature

Date

If Agent, Address: _____

Received for Martin Community College Foundation/Name

Date

Institut. Adv. June2024

Martin Community College **FOUNDATION**

Authorization to Lease Donated Horse to Martin Community College

Animal Information

Registered Name: _____

Barn Name: _____

Registration Number: _____ AQH _____ Other _____

Medical Information

Coggins Test Date: _____ Positive Test Negative Test

Impressive Breed: Yes No Not Tested

Estimated Value: \$ _____ Comments: _____

Recommendation to Lease Donated Horse to Martin Community College

Director, Equine Program Date

VP, Academic Affairs Date

Authorization to Lease Donated Horse to Martin Community College

President, Martin Community College Date

Representative for Martin Community College Foundation, Inc. Date