

BILL OF SALE

For valuable consideration, the receipt of which is hereby acknowledged, we hereby sell, transfer and deliver to the RETIREMENT HOME FOR HORSES, INC., a Florida not-for-profit corporation situated at Mill Creek Farm, Alachua, Florida on this 9th day of April 2019, all our right, title and interest in the horse described below.

We hereby certify that on March 19, 2019, Palm Beach County was awarded ownership of the below-cited horse by the Honorable Edward A. Garrison, County Court Judge of the Fifteenth Judicial Circuit Court, that we warrant and will defend the title to the horse against all claims and persons whomsoever.

We hereby certify that the horse is, to the best of our knowledge, free from all communicable infections and diseases. A certificate of negative Coggins test administered within the past six months is provided herewith, together with a statement signed by a veterinarian certifying that the horse described below is current with deworming and vaccinations and has no contagious infections and/or diseases. Shoes, if any, have been removed and hooves trimmed on the below described horse within the past thirty (30) days.

APPROVED AS ATTORNEY AND LEGAL COUNSEL
[Signature]
County Attorney

Signed this 9th day of April 2019

[Handwritten Signature]
Authorized Signature

Kathleen M. Sealett
Print Name

PBCACE, WPB 33411
Owner's Name and Address

DESCRIPTION OF HORSE

Name Champagne Breed Quarter Horse Cross
Sex M/N Age 20yrs Color Bay

Accepted on behalf of the Retirement Home for Horses, Inc.

Signature [Signature] Title President Date 4/9/19

BILL OF SALE

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Signed this 9th day of April 2019

APPROVED BY THE CLERK AND LEGAL COUNSEL
[Signature]
County Attorney

Kathleen M. Scarlett
Authorized Signature

Kathleen M. Scarlett
Print Name

PBCAcc, WPB 33411
Owner's Name and Address

DESCRIPTION OF HORSE

Name Sarge Breed Quarter Horse Cross
Sex M/N Age 20+yrs Color Chestnut/White Stockings

Accepted on behalf of the Retirement Home for Horses, Inc.

Signature [Signature] Title President Date 4/9/19

BILL OF SALE

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Signed this 9th day of April 2019

APPROVED AS TO FORM AND LEGAL SUFFICIENCY
[Signature]
COUNTY ATTORNEY

[Signature]
Authorized Signature

4/4/2019
Print Name

PBCACC, WPB 33411
Owner's Name and Address

DESCRIPTION OF HORSE

Name Anna Breed Percheron
Sex Mare Age 16yrs Color Grey

Accepted on behalf of the Retirement Home for Horses, Inc.

Signature [Signature] Title President Date 4/9/19

BILL OF SALE

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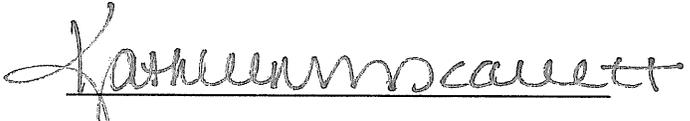
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We hereby certify that the horse is, to the best of our knowledge, free from all communicable infections and diseases. A certificate of negative Coggins test administered within the past six months is provided herewith, together with a statement signed by a veterinarian certifying that the horse described below is current with deworming and vaccinations and has no contagious infections and/or diseases. Shoes, if any, have been removed and hooves trimmed on the below described horse within the past thirty (30) days.

Signed this 9th day of April 2019

APPROVED AS TO FORM AND LEGAL EFFICIENCY

County Attorney


Authorized Signature

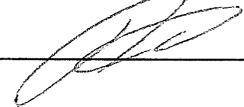
Kathleen M. Scarlett
Print Name

PBCACC, WPB 33411
Owner's Name and Address

DESCRIPTION OF HORSE

Name Prince Breed Percheron
Sex M/N Age 18yrs Color Grey

Accepted on behalf of the Retirement Home for Horses, Inc.

Signature  Title President Date 4/9/19

BILL OF SALE

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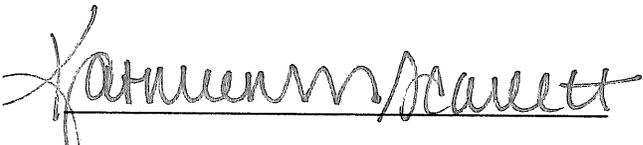
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Signed this 9th day of April 2019

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

County Attorney


Authorized Signature

Kathleen M. Searett
Print Name

PBC Acc, WPB 33411
Owner's Name and Address

DESCRIPTION OF HORSE

Name Lynn Breed Percheron
Sex M/N Age 20yrs Color Grey

Accepted on behalf of the Retirement Home for Horses, Inc.

Signature  Title President Date 4/9/19

South West Florida Horse Rescue Inc.

ATTACHMENT 2



14811 SR31 Punta Gorda, FL 33982 | EIN#: 46-2031584
PHONE: (239) 567-4111 | EMAIL: info@swfhr.org | WEB: www.swfhr.org

CONTRACT FOR SURRENDER & OWNERSHIP TRANSFER
FROM PALM BEACH COUNTY ANIMAL CARE AND CONTROL TO SOUTH WEST FLORIDA HORSE RESCUE, INC.
RELEASE AND INDEMNIFICATION

WHEREAS, BULLET, a 12yr old, Thoroughbred horse, bay, gelding, with aliases of (#1949153), hereinafter referred to as "Rescue Control Notifier Number 128" or "RCN#128", an equine owned by Palm Beach County Animal Care and Control hereinafter referred to as "Transferee", of 7100 Belvedere Rd, West Palm Beach, FL 33411 with a phone number of (561) 233-1230 or (561) 233-1235; and WHEREAS, South West Florida Horse Rescue, Inc. hereinafter referred to as "SWFHR", of 14811 State Road 31, Punta Gorda, FL 33982 with a phone number of (239) 567-4111, seeks to acquire possession and ownership of "RCN#128"; and WHEREAS, "Transferee", seeks to transfer possession and ownership of "RCN#128" to "SWFHR"; and WHEREAS, the "Transferee" and "SWFHR", through the execution of this document and in full consideration of the covenants contained herein do mutually contract for the full transfer of possession and ownership of "RCN#128" from "Transferee" to "SWFHR", including any and all ownership interests, possessory interests, obligations, responsibilities and liabilities associated with the possession and ownership of "RCN#128".

TERMS AND CONDITIONS:

The "Transferee" agrees to transfer possession and ownership of "RCN#128" to "SWFHR" for the sum of zero dollars (\$0). By transferring "RCN#128" as described herein, the "Transferee" fully transfers and relinquishes any and all interests in "RCN#128" to South West Florida Horse Rescue, Inc., including any and all subsequent liabilities arising from the possession and ownership of "RCN#128". Upon execution of this Contract, all interests in and liabilities arising from "RCN#128" will vest permanently and immediately with "SWFHR".

In consideration of the transfer of "RCN#128", "SWFHR" agrees to the immediate and continued implementation of the following conditions:

1. "SWFHR" assumes full and immediate ownership of "RCN#128";
2. "RCN#128" will be sheltered, maintained, and/or owned in a manner consistent with the reasonable and proper needs of an equine;
3. All reasonable measures will be taken to ensure "RCN#128" is not sheltered, maintained, and/or owned in a negligent or reckless manner;
4. "RCN#128" will be sheltered, maintained, and/or owned in full compliance with any and all applicable state laws and/or local ordinances that concern equines;
5. "SWFHR" shall assume all risk associated with "RCN#128"; and shall forever release, hold harmless, waive any suit or claim, and indemnify the "Transferee" of any future claims that may arise in relation to "RCN#128", including but not limited to any statutory liability and/or common law liability;
6. "SWFHR" agrees that the transfer of "RCN#128" is voluntary and that no one, including the "Transferee", is forcing "SWFHR" to receive this transfer of "RCN#128"; and
7. "SWFHR" shall forever release and discharge the "Transferee" from any and all future costs associated with the proper care and maintenance of "RCN#128".
8. "Transferee" agrees to hold "SWFHR" owners and agents harmless, including any affiliate thereof, from and against all liability, causes of action, suits, demands, judgments and claims of any nature whatsoever arising from, by reason of, or in connection with "RCN#128".
9. "Transferee" grants and conveys to "SWFHR" all right, title, and interest in and all photographs, images, video, or audio recordings of the mentioned equine and surroundings, likeness or voice made by "SWFHR" in connection with the actions of this transfer of ownership. Except where identified prior to the signing of this contract.

The "Transferee" and "SWFHR" agree that any non-conformance of any term(s) contained within this document shall serve as a material breach of this contract. Any material breach of this contract shall immediately cause the breaching party to be liable for any actual damages, consequential damages, incidental damages, equitable damages, or punitive damages available by law. A breach of this contract shall in no way affect the validity of the release and indemnification described in paragraphs 5 and 7 above.

The transfer of "RCN#128" pursuant to this document shall be effective immediately upon all parties signing this document. IN WITNESS THEREOF, the parties have caused this contract for Surrender & Ownership Transfer of "RCN#128" from "Transferee" to "SWFHR", to be executed by their duly authorized representatives' signatures as of the date signed below.

SWFHR AGENT: _____ (SIGNATURE OF AGENT) _____ (PRINTED NAME) 4/5/19 (DATE)

TRANSFERE: Kathleen M Searrott (SIGNATURE OF AGENT) Kathleen M Searrott (PRINTED NAME) 4/4/19 (DATE)

WITNESS: _____ (SIGNATURE OF WITNESS) #2110 (PRINTED NAME) 4/5/19 (DATE)

APPROVED BY TO FORRY AND LEGAL REPRESENTATIVE
[Signature]
Dorcas, 2019

**South West Florida Horse Rescue, Inc. (SWFHR)
ENDORSEMENT OF EQUINE TRANSFER & SURRENDER**



We the parties signed below affirm and agree that the above photo is that of the equine who is being surrendered to SWFHR on this day mentioned bellow. Accompanying this endorsement is the SWFHR Surrender & Ownership Transfer (SWFHR SOT rev.1903) documentation.

Name Identified as: **Bullet** Rescue Control Notifier Number (RCN#) assigned: **128**

| | | |
|--------------------------------|-----------------------------------|---------------|
| 1) _____ | _____ | <u>4/5/19</u> |
| SWFHR Agent signature | SWFHR Agent printed name | Date |
| 2) <u>Kathleen M. Scarlett</u> | <u>Kathleen M. Scarlett</u> | <u>4/4/19</u> |
| Transferee Agent (1) signature | Transferee Agent (1) printed name | Date |
| 3) _____ | _____ | <u>4/5/19</u> |
| Witness signature | Witness printed name | Date |

ADDENDUM: No individual associated with this equine's past shall be eligible to adopt once cleared as available for adoption.

NOTES: As noted by SGT Bachelor this equine is fed Seminole Senior or an equivalent feed.

APPROVED AS TO FACTS
AND LEGAL COMPETENCY
[Signature]
COUNTY ATTORNEY

South West Florida Horse Rescue Inc.

14811 SR31 Punta Gorda, FL 33982 | EIN#: 46-2031584

PHONE: (239) 567-4111 | EMAIL: info@swfhr.org | WEB: www.swfhr.org



CONTRACT FOR SURRENDER & OWNERSHIP TRANSFER FROM PALM BEACH COUNTY ANIMAL CARE AND CONTROL TO SOUTH WEST FLORIDA HORSE RESCUE, INC. RELEASE AND INDEMNIFICATION

WHEREAS, CHEYENNE, a 7yr old, WB horse, bay, mare, with aliases of (#1949152), hereinafter referred to as "Rescue Control Notifier Number 129" or "RCN#129", an equine owned by Palm Beach County Animal Care and Control hereinafter referred to as "Transferee", of 7100 Belvedere Rd, West Palm Beach, FL 33411 with a phone number of (561) 233-1230 or (561) 233-1235; and WHEREAS, South West Florida Horse Rescue, Inc. hereinafter referred to as "SWFHR", of 14811 State Road 31, Punta Gorda, FL 33982 with a phone number of (239) 567-4111, seeks to acquire possession and ownership of "RCN#129"; and WHEREAS, "Transferee", seeks to transfer possession and ownership of "RCN#129" to "SWFHR"; and WHEREAS, the "Transferee" and "SWFHR", through the execution of this document and in full consideration of the covenants contained herein do mutually contract for the full transfer of possession and ownership of "RCN#129" from "Transferee" to "SWFHR", including any and all ownership interests, possessory interests, obligations, responsibilities and liabilities associated with the possession and ownership of "RCN#129".

TERMS AND CONDITIONS:

The "Transferee" agrees to transfer possession and ownership of "RCN#129" to "SWFHR" for the sum of zero dollars (\$0). By transferring "RCN#129" as described herein, the "Transferee" fully transfers and relinquishes any and all interests in "RCN#129" to South West Florida Horse Rescue, Inc., including any and all subsequent liabilities arising from the possession and ownership of "RCN#129". Upon execution of this Contract, all interests in and liabilities arising from "RCN#129" will vest permanently and immediately with "SWFHR".

In consideration of the transfer of "RCN#129", "SWFHR" agrees to the immediate and continued implementation of the following conditions:

- 1. "SWFHR" assumes full and immediate ownership of "RCN#129";
2. "RCN#129" will be sheltered, maintained, and/or owned in a manner consistent with the reasonable and proper needs of an equine;
3. All reasonable measures will be taken to ensure "RCN#129" is not sheltered, maintained, and/or owned in a negligent or reckless manner;
4. "RCN#129" will be sheltered, maintained, and/or owned in full compliance with any and all applicable state laws and/or local ordinances that concern equines;
5. "SWFHR" shall assume all risk associated with "RCN#129"; and shall forever release, hold harmless, waive any suit or claim, and indemnify the "Transferee" of any future claims that may arise in relation to "RCN#129", including but not limited to any statutory liability and/or common law liability;
6. "SWFHR" agrees that the transfer of "RCN#129" is voluntary and that no one, including the "Transferee", is forcing "SWFHR" to receive this transfer of "RCN#129"; and
7. "SWFHR" shall forever release and discharge the "Transferee" from any and all future costs associated with the proper care and maintenance of "RCN#129".
8. "Transferee" agrees to hold "SWFHR" owners and agents harmless, including any affiliate thereof, from and against all liability, causes of action, suits, demands, judgments and claims of any nature whatsoever arising from, by reason of, or in connection with "RCN#129".
9. "Transferee" grants and conveys to "SWFHR" all right, title, and interest in and all photographs, images, video, or audio recordings of the mentioned equine and surroundings, likeness or voice made by "SWFHR" in connection with the actions of this transfer of ownership. Except where identified prior to the signing of this contract.

The "Transferee" and "SWFHR" agree that any non-conformance of any term(s) contained within this document shall serve as a material breach of this contract. Any material breach of this contract shall immediately cause the breaching party to be liable for any actual damages, consequential damages, incidental damages, equitable damages, or punitive damages available by law. A breach of this contract shall in no way affect the validity of the release and indemnification described in paragraphs 5 and 7 above.

The transfer of "RCN#129" pursuant to this document shall be effective immediately upon all parties signing this document. IN WITNESS THEREOF, the parties have caused this contract for Surrender & Ownership Transfer of "RCN#129" from "Transferee" to "SWFHR", to be executed by their duly authorized representatives' signatures as of the date signed below.

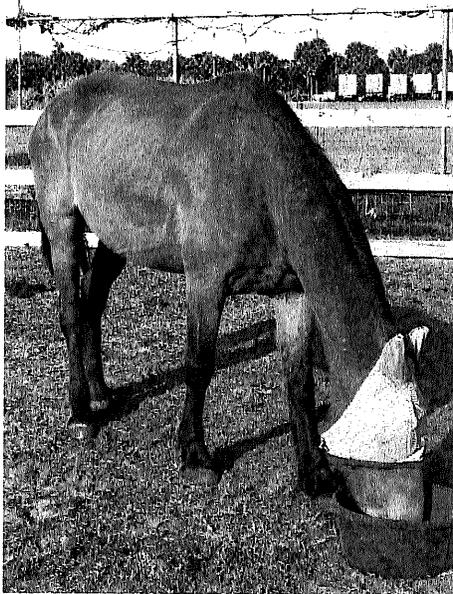
SWFHR AGENT: (SIGNATURE OF AGENT) (PRINTED NAME) 4/15/19 (DATE)

TRANSFERE: Kathleen Scarlett (SIGNATURE OF AGENT) Kathleen Scarlett (PRINTED NAME) 4/4/19 (DATE)

WITNESS: Sgt J Batchelor #2110 (SIGNATURE OF WITNESS) (PRINTED NAME) 4/5/19 (DATE)

NOTARIZED FOR AND LEGAL SUFFICIENCY

**South West Florida Horse Rescue, Inc. (SWFHR)
ENDORSEMENT OF EQUINE TRANSFER & SURRENDER**



We the parties signed below affirm and agree that the above photo is that of the equine who is being surrendered to SWFHR on this day mentioned bellow. Accompanying this endorsement is the SWFHR Surrender & Ownership Transfer (SWFHR SOT rev.1903) documentation.

Name Identified as: **Cheyenne** Rescue Control Notifier Number (RCN#) assigned: **129**

| | | |
|--------------------------------|-----------------------------------|---------------|
| 1) _____ | _____ | _____ |
| SWFHR Agent signature | SWFHR Agent printed name | Date |
| 2) <u>Kathleen M Scarlett</u> | <u>Kathleen M Scarlett</u> | <u>4/4/19</u> |
| Transferee Agent (1) signature | Transferee Agent (1) printed name | Date |
| 3) _____ | _____ | _____ |
| Witness signature | Witness printed name | Date |

ADDENDUM: No individual associated with this equine's past shall be eligible to adopt once cleared as available for adoption.

NOTES: As noted by SGT Bachelor this equine is fed Seminole Senior or an equivalent feed.

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY
BY [Signature]
County Attorney



P.O. Box 1199, Palm City, FL 34991
RELEASE OF HORSE TO
EQUINE RESCUE & ADOPTION FOUNDATION, INC.

Date: 4/17/19

Owner's Name: Orach County Animal

Address: 210 Rd, WFO, FL 34971

Phone # 888-222-2222

I, PBC Andy 1949142, do hereby assert that I am the owner of Andy 1949142, and I do hereby transfer ownership of this horse to Equine Rescue & Adoption Foundation, Inc (ERAF), a duly registered 501 (c)3 not for profit organization. I authorize my veterinarian, [Signature], to release any and all medical records to ERAF.

Description of Horse:

Breed: Hatlinger Color: pal Sex: [blank] Age: 11yo

Markings/tattoos/brands:

[Signature]
Signature of Owner

4/4/2019
Date

APPROVED AS TO FORM AND LEGAL SUFFICIENCY
[Signature]
County Attorney

[Signature] #210
Signature of Witness

Sgt. J Batchelor
Print name of Witness

ERAF is a non-profit 501(c)3 organization. Pursuant to the Florida Statute 496.111 the following information is provided: A copy of the Official Registration and Financial Information may be obtained from the Division of Consumer Services by calling 1-800-435-7352 within the state of Florida. Registration does not imply endorsement, approval or recommendation by the state of Florida. Our registration number with the Florida Department of Agriculture is SC-12409. 100% of all contributions go to the foundation.

ERAF Horse Info For Incoming Horse

Date _____

City of Pick Up _____

Parties Present _____

Horse Name Andy

Age _____

Breed _____

Tattoo _____

Color _____

Height _____

BCS _____

Gender m/w

Coggins Date 3/26/19

Vaccination Date _____

Last Farrier Date 2/4/19

Worming Date 2/22/19

Dental _____

Background Information

Vet: ACC vet

Farrier: _____

Other: _____

Previous Feeding Program

Semynole Senior 2QT/BID
for weight gain

Description of Horse Upon Pick Up

Medical Concerns to Check (current or past)

Injuries: _____

Medications: _____

Other: _____

Veterinary Instructions

Incoming Horse Info

How long have you currently owned/had the horse?

Previous Owner Info (if available)

History of Horse

Discipline ridden:

Never Ridden ___ English ___ Pleasure ___ Hunter/Jumper ___ Western ___ Trail
rides ___ Barrels ___ Other Trail Riding

Type of Rider Best Suited for: Beginner ___ Intermediate ___ Experienced ___

Behavioral Issues: (i.e. biting, kicking, headshy, etc.)

Other info:

Reason for surrender: Owner ___ Sheriff ___ Other ___

If tattoo – attach Registration Documentation

Registration # _____

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY
BY [Signature]
County Attorney

Owner Signature: [Signature] Date: 4/4/2019

Print name of Owner: Kathleen M Scarlett

ERAF Representative Name: [Signature] Title: President



P.O. Box 1199, Palm City, FL 34991
RELEASE OF HORSE TO
EQUINE RESCUE & ADOPTION FOUNDATION, INC.

Date: 4/17/19

Owner's Name: Palm Beach County Animal Care + Control

Address: 7100 Belvedere Rd., W.P.B., 33411

Phone # 561-233-1200

I, PBC, do hereby assert that I am the owner of Hostage 1949141, and I do hereby transfer ownership of this horse to Equine Rescue & Adoption Foundation, Inc (ERAF), a duly registered 501 (c)3 not for profit organization. I authorize my veterinarian, medical provided in full, to release any and all medical records to ERAF.

Description of Horse:

Breed: Quarter Horse Color: Paint Sex M/N Age: 3yo

Markings/tattoos/brands: white star + smip on face

[Signature] APPROVED AS TO FORM AND LEGAL SUFFICIENCY Sgt. J. Batchelor #2110
Signature of Owner Signature of Witness
9/6/19 [Signature] Sgt. J. Batchelor #2110
Date COUNTY ATTORNEY Print name of Witness

ERAF is a non-profit 501(c)3 organization. Pursuant to the Florida Statute 496.111 the following information is provided: A copy of the Official Registration and Financial Information may be obtained from the Division of Consumer Services by calling 1-800-435-7352 within the state of Florida. Registration does not imply endorsement, approval or recommendation by the state of Florida. Our registration number with the Florida Department of Agriculture is SC-12409. 100% of all contributions go to the foundation.

ERAF Horse Info For Incoming Horse

Date _____

City of Pick Up _____

Parties Present _____

Horse Name Hostage

Age _____

Breed _____

Tattoo _____

Color _____

Height _____

BCS _____

Gender M/R

Coggins Date 3/20/19

Vaccination Date _____

Last Farrier Date 2/4/19

Worming Date 2/22/19

Dental _____

Background Information

Vet: _____

Farrier: _____

Other: _____

Previous Feeding Program

Seminole Senior 2007/2010
Quality T & O -

Description of Horse Upon Pick Up

Medical Concerns to Check (current or past)

Injuries: _____

Medications: _____

Other: castration 4/8/19

Veterinary Instructions

Incoming Horse Info

How long have you currently owned/had the horse?

Previous Owner Info (if available)

History of Horse

Discipline ridden:

Never Ridden ___ English ___ Pleasure ___ Hunter/Jumper ___ Western ___ Trail
rides ___ Barrels ___ Other _____

Type of Rider Best Suited for: Beginner _____ Intermediate _____ Experienced _____

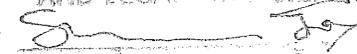
Behavioral Issues: (i.e. biting, kicking, headshy, etc.)

Other info: _____

Reason for surrender: Owner ___ Sheriff ___ Other ___

If tattoo – attach Registration Documentation

Registration # _____

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

Secretary

Owner Signature: Kathleen M. Scarlett Date: 4/4/2019

Print name of Owner: Kathleen M. Scarlett

ERAF Representative Name: Denise McLean Phipps Title: President



P.O. Box 1199, Palm City, FL 34991
RELEASE OF HORSE TO
EQUINE RESCUE & ADOPTION FOUNDATION, INC.

Date: 4/17/19

Owner's Name: Palm Beach County Animal Care + Control

Address: 7100 Belvedere Rd, WPB, 33411

Phone # 561-233-1200

I, PBC, do hereby assert that I am the owner of Amos (AID 1949143), and I do hereby transfer ownership of this horse to Equine Rescue & Adoption Foundation, Inc (ERAF), a duly registered 501 (c)3 not for profit organization. I authorize my veterinarian, (medical provided), to release any and all medical records to ERAF.

Description of Horse:

Breed: Haflinger Color: palomino Sex M/N Age: ~ 11yo

Markings/tattoos/brands:

whorl, small star + blaze on face

[Signature]
Signature of Owner
4/14/19
Date

ATTACHED AS TO FURNISH
AND LEGAL SUFFICIENCY
[Signature]
EQUINE RESCUE & ADOPTION FOUNDATION

Sgt. J Batchel #2110
Signature of Witness
Sgt. J Batchel
Print name of Witness

ERAF is a non-profit 501(c)3 organization. Pursuant to the Florida Statute 496.111 the following information is provided: A copy of the Official Registration and Financial Information may be obtained from the Division of Consumer Services by calling 1-800-435-7352 within the state of Florida. Registration does not imply endorsement, approval or recommendation by the state of Florida. Our registration number with the Florida Department of Agriculture is SC-12409. 100% of all contributions go to the foundation.

ERAF Horse Info For Incoming Horse

Date _____

City of Pick Up _____

Parties Present _____

Horse Name Amos

Age ~ 11yo

Gender m/N

Breed Hafinger

Coggins Date 3/26/19

Tattoo _____

Vaccination Date _____

Color Palomino

Last Farrier Date 2/4/19

Height ~ 15H

Worming Date 2/22/19

BCS 5

Dental _____

Background Information

Vet: _____

Farrier: _____

Other: _____

Previous Feeding Program

Seminole Senior 2QT/BIN - have reduced since weight is ideal
Quality T+O

Description of Horse Upon Pick Up

Medical Concerns to Check (current or past)

Injuries: _____

Medications: _____

Other: _____

Veterinary Instructions

Incoming Horse Info

How long have you currently owned/had the horse?

seizure date 2/8/19

Previous Owner Info (if available)

History of Horse

Discipline ridden:

Never Ridden ___ English ___ Pleasure ___ Hunter/Jumper ___ Western ___ Trail
rides ___ Barrels ___ Other Carnage pulling

Type of Rider Best Suited for: Beginner ___ Intermediate ___ Experienced ___

Behavioral Issues: (i.e. biting, kicking, headshy, etc.)

stand-off ish

Other info:

Reason for surrender: Owner ___ Sheriff Other ___

If tattoo – attach Registration Documentation

Registration # _____

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

[Signature]
County Attorney

Owner Signature: [Signature] Date: 4/4/19

Print name of Owner: Kathleen M. Scarlett

ERAF Representative Name: Denise LeClair Robbins Title: President