Equine Survivor Program
Registration Information Form

This form identifies the horse that I have provided for in my will with the understanding that, if the horse survives me, the Horse Protection Society of BC (HPS) will make every reasonable effort under its Equine Survivor Program to see to the care of my horse according to my wishes.
(Please complete a separate form for each horse being registered with the Equine Survivor Program.)

Horse's Name: _____
(registered and/or barn names)

Description of horse, including distinguishing features: _____

_____

_____

Veterinarian's Name: _____

Vet's Phone: _____ Email: _____

Farrier's Name: _____

Farrier's Phone: _____ Email: _____

Medical History:
(please describe any significant issues that would affect the care of your horse)

_____

_____

_____

Dietary Requirements: _____

_____

Disposition/Temperament:
Is the horse well mannered in the following situations?
(Check all that apply)

Handling _____   Feeding _____   Driving _____   Riding _____

Catching _____   Trailering _____   Farrier _____   Vet_____

Describe any situations in which the horse may be hard to handle or have behaviour problems, such as cribbing, weaving, pacing, rearing, bucking, biting, aggression, etc.

_____

Best Uses:
(What do you think would be the best use for your horse?)

_____

Special Instructions/Wishes: _____

_____

_____

_____

Name of Executor(s): _____

Executor's Phone: _____   Email: _____

Name of Lawyer: _____

Lawyer's Phone: _____   Email: _____

I confirm that I have made provision in my will for the bequest to HPS of my horse identified above, and provided for a donation to HPS of at least the required minimum amount, all as set out in the Program Summary for the HPS Equine Survivor Program. I acknowledge and understand that HPS will arrange for the care of my horse in its sole discretion in accordance with the Program Summary.

Attach picture of your horse below (optional):

_____   _____

Signature of Owner   Date

_____   _____

Name of Owner   Phone

_____

Email Address

_____

Address of Owner

_____   _____   _____

City   Province   Postal Code

Completed forms can be mailed to:
Horse Protection Society of BC
4370 224th Street
Langley, BC V2Z 2V5