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| **HORSE EQUINE REMOVAL WARRANT****Under The Control of Horses Act 2015** |
| **Beacon Enforcement****Suite 6003, 24/26 George Place****Plymouth, PL1 3NY****Email:info@beacon-enforcement.co.uk****Tel: 01752 936084****Mob:07966 439585** |
| **Managing Agent**  |  |
| **Solicitor**  |  |
| **Security Firm** |  |
| **Landowner**  |  |
| **Email\*** |  |
| **Address**  |  |
|  |
| **Telephone**  |  |  |
| **Mobile Telephone** |  |  |
|  |  |  |
| Site Details \***Location of Abandoned Horse/ Livestock** |
| **Site Address**\*  |
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| What3words (<https://what3word.com>) to help locate the Gate or entrance to the field |
| **Site Description**\* |
| **Type of Premises**  |  |
| **Site Plan Available** |  **Yes…../ No….. Email a Copy Separately**  |  |
| **Photos Available** | **Yes…../ No…..** |
| **Abandoned Horse Extra Information** |
| **Number of Horses**  |  |
| **How Long has the Horse/s been onsite**  |  |
| **Do you know who the owner of the horse\*** |  |
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| **Do you/ or did you have a contract to allow the Horse owner the right to graze** |  |

**Additional Information**

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**Authority & Declaration**

The LAND/PROPERTY must be identified on a printed map with border territory of ownership & attached to this document.

I confirm that I am the Managing Agent / Freeholder of the stated land and have full legal authority to authorise the above action.

This shall be your sufficient indemnification against devon fully and effectually against all claims or demands which may be made against the company at Law, plus charges, costs, fee’s or expenses which may incur or be liable to pay by anyone claiming ownership of, or some other interest in, the Horse/s indemnification is also our assurance to fully indemnify and further liabilities that are due from the origin under this agreement whether stipulated or not incurred by reason of your implementing this instruction; and we here by accept not to hold you responsible for any damage to buildings, land or any loss of earnings instigated by the disposal of the removal of Horse/s.

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 I confirm that I have received, read and understood the terms and conditions, and that I am in a position to authorise the actions set above.

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Name\*

Signature\* Date of Signature\*

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Capacity

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It is a condition of this instruction that all directors, shareholders and members of the Claimant Company (where applicable) personally guarantee Beacon Enforcement fees, costs and charges.

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**ADDITIONAL NOTES**