



STATE OF CONNECTICUT  
MILITARY DEPARTMENT  
OFFICE OF THE ADJUTANT GENERAL  
360 BROAD STREET – ROOM #113  
HARTFORD, CONNECTICUT 06105-3706

[DATE]

[NAME]  
[STREET]  
[CITY], [STATE] [ZIP]

I, [NAME OF DONOR] certify that by signing/dating below elect to exercise my option to either accept or reject the return of the horse, a [TYPE OF HORSE] named [NAME OF HORSE], that I previously donated to the Connecticut Military Department.

(a) I elect to exercise my option for the return of [NAME OF HORSE]

\_\_\_\_\_  
[NAME OF DONOR]

\_\_\_\_\_  
Date

(b) I elect to exercise my option to decline the return of [NAME OF HORSE]

\_\_\_\_\_  
[NAME OF DONOR]

\_\_\_\_\_  
Date

I understand that if the CTMD does not receive this form by [DATE], the CTMD will consider my failure to respond as a declination of my option for the return of the horse I previously donated.

Copy Furnished:  
CTMD-OTAG  
CTMD-FAS  
CTMD-MAPO  
CTMD- SAW  
CTMD-UHO  
GHG CMDT