

Center For Racehorse Retraining

Retirement Nomination Form

Important for Form Submission

Please be aware that a nomination for retirement is not a guarantee of placement into our program. While we make an effort to take horses as needed, we have a limited amount of space each year. We will contact you when space becomes available.

An incomplete application will result in forfeit of your wait-list spot.

Owner/Organization _____

(If the horse is being transferred by an organization, please include the primary person of contact as well as the complete organization name)

Phone Number _____

Email _____ Is This Urgent: Yes No

Horse's Barn Name _____

Horses Jockey Club Name _____

(If unsure please include any available information in "details" section that may help us)

Current Hoof History:

Current Medical History:

(In the event of any on going medical concerns please include how they are currently being managed)

Does this horse have any aggressive behaviors?

If yes please explain as well as how the behavior is being managed

Current Behavioral History:

Are there any concerns about the horse's care moving forward?

References

Please complete to the best of your ability

Current Veterinary Practice

Name: _____

Phone Number: _____

Email: _____

Current Farrier Service

Name: _____

Phone Number: _____

Email: _____

Current Trainer

Name: _____

Phone Number: _____

Email: _____

Please include any additional information below.