

Center For Racehorse Retraining

Retirement Nomination Form

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

A thorough history allows us to help horses as we are able to and gives us an accurate picture of the horse we are considering. We do not discriminate regardless of answers. We ask for full transparency to help us place horses into our program.

Horse's Barn Name _____

Horses Jockey Club Name _____

(If unsure please include any available information in "details" section)

How Long Have They Been In Your Care

_____ Years _____ Months _____ Days

Color: _____ Age: _____ Gender: _____

Current Physical History

Does this horse currently have shoes

- Yes, front shoes only
- Yes, all four
- No

Current hoof/soundness:

Is This Horse Currently On Medication

- Yes
- No

List current medications:

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 habits? (E.g. Weaving, cribbing)

- Yes
- No

If yes, please explain

Does this horse have any aggressive behaviors?

- Yes
- No

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

Current Behavioral History:

Current Living Arrangements

Horse is currently

- On full turn out/run-in only
- Stalled with 1-4 hours of daily turn-out
- Stalled with 5-10 hours of daily turn-out
- Not receiving turn-out

Horse is currently receiving other forms of exercise

- Yes
- No

If yes, please explain

Horse is currently

- On a full grain diet
- Partial grain and hay diet
- Full hay diet
- Full pasture diet

Include supplements here

Any current concerns related to the horse's management 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: _____

Nomination 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 in need of placement we are limited in space and must take horses as we are able to.

Please include any additional information below.