

Center For Racehorse Retraining

Horse Donation 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. Previous donors are welcome to continue using their current method of contact for donation.

Horse's Barn Name _____

Horses Jockey Club Name _____

(If unsure please include any available information at the end)

How Long Have They Been In Your Care

_____ Years _____ Months _____ Days

Color: _____ Age: _____ Gender: _____ Height: _____

This horse is

- Currently racing/ 30 days since last start to presently racing
- Off-track/ 1 year to 30 days since last start.
- Off-track/ Longer than 1 year since last start
- Broodmare
- Unraced/unfit for racing
- Retrained into another discipline
- Other _____

Current Physical History

To the best of your knowledge this horse is

- Sound without limitations
- Sound but limited by previous injuries/conformation flaws
- Currently sound but struggles with soundness issues (requires maintenance to remain sound)
- Unsound with diagnosis
- Unsound without diagnosis
- Other _____

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 an ongoing medical concern 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 are 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?

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: _____

Current Specialist or Other References

Name: _____

Phone Number: _____

Email: _____