DONATED HORSE INFORMATION

To be completed by owner or trainer of horse being donated. This information will help Longrun provide the best possible care for your horse by placing him in the most suitable foster/permanent home.

Horse's Name:		Y.O.B.		Sex:	
Colour:		Height:		Physical Description:	
Dam:		Sire:			
Date Last Raced:		Where:			
Activity Since:					

Reason for Retirement:

Can This Horse Be Placed As a Broodmare?

Are Papers Available for the Horse?

Other Ailments (Include Past Surgeries):

Prone to Colic:

Had Colic Surgery:

Been Treated for Ulcers:

Does Horse Have or Ever Been Treated for E.P.M?

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(To Be Completed By A Vetrinarian – Please Include X-Rays If Possible and Available)

Date Last Wormed and Product Used:

Vaccinations:

Flu/EV:		Date:		Tetanus:		Date:	
Rabies:		Date:		West Nile:		Date:	
Strangles:		Date:					

Temperament:

Continued...

Cribber:		**Weaver:**	
Stall Walker:		**Other:**	

Owner Name:		**Phone Number:**	
Address		**Apt No:**	
City		**Province:**	
Postal Code:		**Email:**	
Trainer Name:		**Phone Number:**	
Veterinarian Name:		**Phone Number:**	

Disclaimer: I have disclosed all of the above information pertaining to _____

(Horse's Name)

to the best of my knowledge.

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"   (Horse's Name)

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_____ **Date**:_____

Signature (Owner / Trainer)