

Name of Owner:

Equine Intake/Surrender form

Please fill out to the best of your ability. The information you provide is held as private and will not be shared without your expressed permission.

	or owner.				
First					
Name	of Horse:				
Description:					
Breed					
Color					
Size					
	(In Hands)				
Sex					
	(Mare/Gelding/Stallion/Filly/Colt)				
Age					
	(Actual/Estimate)				
Please	tell me about the horse's prior use, if known:				



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Lifestyle ar	nd Management		
Daily Feed	and Hay:		
Daily Supp	lements and Herbs	-	
Turn-out S	chedule:	-	
		-	
History and	d Present Routine:		
Vaccination	ns		-
Worming			-
Hoofcare			-
	(Barefoot/Shod/Special Shoeing)		
Date of last	t trim		
Frequency	of trimming	-	
If barefoot:	: since when?	-	
	se requires special shoes, please explain: for what condi- shoeing began.	ion, the type	of shoe(s) and when the
		_	



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Name of Veterinarian and Practice
For reference only. I will not contact your veterinarian unless you specifically ask me to. Current Medications
Please list any medications your horse is currently taking: dosage; start and end dates of meds; and why Include Phenylbutazone (Bute.)
Any behavioral problems or vices?
Is your horse comfortable being touched all over its body? Yes
No
If No, please explain:



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Acknowledgement:		
Having sole ownership of the aband thereby relinquish all owne	- •	the equine to Wild at Heart Horse Rescue
	Horse Rescue will not be responsible equine prior to its surrender to Wi	•
	scue find a suitable home for this eque equine by an individual/organiza	quine, I understand that I am tion approved by Wild at Heart Horse
S	n transferring full legal ownership of Rescue has full authority for all ne	of my equine to Wild at Heart Horse ecessary veterinarian procedures
Owner Signature	Printed Name	- Date
Owner Signature	Printed Name	Date