

Equine Relinquishment / Third Party Assistance Questionnaire

Owner Information

Name:			Date:
			Zip:
Phone (H) <u>:</u>	Phone (C):		email:
Equine Information			
Name:	Bre	ed:	
Age/DOB:	_Sex:Height:	Color:_	
Markings:			
ID#/Jockey Club:			
Brand <u>:</u>	Locati	ion:	
Passan for rolinguisl	hmont:		
Reason for reiniquisi	hment:		
Please describe the	equine's temperament ar	nd all habits:	
Does the equine have	e ANY health, illness, or	lameness issu	ues or past injuries?
•)e:		· · ·
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Please describe the equine's training	ng/riding ability/competition exp	perience(s):
Please list dates of equine's last e	xam, treatment, vaccinations, d	eworm, hoof care, and
dental care:		
Veterinarian:	Phone:	
Exam:		
Treatment:		
E&W Encephalomyelitis:	Tetanus:	
Rhino:		
Strangles:	Coggins:	
Rabies:		
Botulism:	Other:	_
Worming:	Product:	
Farrier:	Phone:	
Hoof Care:	Shoes(?):	
Dental Practitioner:	Phone:	
Dental Care:	Issues(?):	
Trainer:	Phone:	
Current Diet:		
I hereby authorize the veterinarian	, farrier, dental practitioner and	trainer named herein
to release Information about me or	· •	
application.		•
Owner Name:		
Signature:		
Owner phone:		
Owner email:		

			Describe responses in detail.
Question	Yes	No	(Use additional page(s), if needed)
			(Use additional page(s), if ficeded)
Is equine halter trained?			
Is equine social with			
humans?			
Does equine have good			
ground manners? Is equine suitable for			
beginning/novice			
handler?			
Is equine suitable for			
young/small child			
handler?			
Is equine compatible with			
men and women?			
If mare, is it possible she			
could be pregnant? If so, exposure date(s)?			
Is equine on any			
medications?			
Has equine been on any			
medications in the past?			
Is horse trained under			
saddle? If yes, provide			
detailed description of			
training, discipline(s),			
experience, type of rider			
suited for, and any other			
notable information?			
Does this equine have any known bad habits or vices			
(eg, bite, kick, buck, bolt,			
rear, strike, pull back,			
crib, weave, pace, or			
other)?			
Has the equine			
demonstrated any			
aggressive or unsafe			
behavior?			
Has this equine ever			
injured anyone? Has the equine been			
exposed to dogs or other			
animals?			
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			Describe responses in detail.
Question	Yes	No	(Use additional page(s), if needed)
Has the equine been			
aggressive with or injured			
a dog(s) or other animals?			
Is equine spooky or			
sensitive to stimuli?			
Is the equine compatible			
with other equine?			
Is the equine kept with			
another equine?			
Is the equine kept in a			
herd environment?			
What is equine's			
dominant in herd?			
Describe behavior			
Is equine buddy sour or herd-bound?			
Is equine food			
aggressive?			
Does equine load readily			
and trailer confidently?			
Any type of trailer?			
Does equine tie?			
Does equine lunge?			
Is equine accustomed to stalling?			
Is the equine accustomed			
to blanketing?			
Does equine choke?			
Has equine ever			
experienced laminitis or			
founder?			
Has equine ever			
experienced any injury or			
illness?			
Other notable			
information?			
Please provide current			
photos of your horse(s) to			
include photos of entire			
horse from front, back,			
left, and right,			

scribe the horse and a good match in a person:	ılly