

# HOPE AFTER RACING THOROUGHBREDS (H.A.R.T)

1 Prairie Meadows Dr Altoona, IA 50009

Return to HBPA or ITBOA Office or e-mail to iowahart@gmail.com

## HORSE INTAKE FORM

*More detailed donation form will need to be filled out if accepted into program*

NAME OF HORSE \_\_\_\_\_ DATE \_\_\_\_\_

TRAINER \_\_\_\_\_ BARN NO. \_\_\_\_\_ STALL \_\_\_\_\_

Phone: \_\_\_\_\_ email address \_\_\_\_\_

HOW LONG CAN HORSE STAY AT PRAIRIE MEADOWS? \_\_\_\_\_

OWNER \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ email address: \_\_\_\_\_

VETERINARIAN \_\_\_\_\_ Phone # \_\_\_\_\_

## HORSE INFORMATION

Year of Birth \_\_\_\_\_ Sex: \_\_\_\_\_ Tattoo# \_\_\_\_\_ Color: \_\_\_\_\_ Height: \_\_\_\_\_

Markings \_\_\_\_\_

Cribber? \_\_\_\_\_ Date of last race \_\_\_\_\_ Track \_\_\_\_\_

Date Wormed? \_\_\_\_\_ Date Vaccinated? \_\_\_\_\_ Date Shod? \_\_\_\_\_ Date Teeth Done? \_\_\_\_\_

Why is horse being retired? (Detailed information):

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Past injuries: \_\_\_\_\_ X-rays available? \_\_\_\_\_

Personality/vices:

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Signature \_\_\_\_\_ Date \_\_\_\_\_