



HORSE INTAKE FORM

MARYLAND THOROUGHBRED AFTERCARE PROGRAM

HORSE INFORMATION					
Name of Horse:		Sire:	Dam:	Year of Birth:	<input type="checkbox"/> Colt <input type="checkbox"/> Riding <input type="checkbox"/> Filly <input type="checkbox"/> Gelding
Color:	Height:	Tattoo:	Cribber? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Race?	Track:
Veterinarian:			Veterinarian's Phone Number:		

OWNER / TRAINER INFORMATION			
Owner Name:			
Street Address:		City:	State: Zip Code:
Phone Number:		Email Address:	
Trainer Name:		Breeder:	
Street Address:		City:	State: Zip Code:
Phone Number:		Email Address:	

Do you wish to make a donation to accompany your horse? (Recommended) Yes No Amount: _____

REASON FOR RETIREMENT		
Include comments and warnings. Please be as detailed as possible and include all records, xrays, paper, coggins, etc.		
Past Injuries:		
Vaccinations:	Worming:	Teeth:

By delivering your horse to Beyond The Wire Thoroughbred Aftercare Program, you agree to transfer complete ownership of the donated horse. Liability and Risk of Loss and expenses for care of the horse remain with donor until the horse leaves the grounds to go to a partner farm. By signing below, I affirm I have the authority to donate this horse:

Signature: _____ Date: _____

Please return form to: Jessica Hammond, jessica@mdhorsemen.com, mail to Beyond The Wire, 500 Redland Court, Suite 105, Owings Mills, MD 21117



VETERINARY EVALUATION

MARYLAND THOROUGHBRED AFTERCARE PROGRAM

HORSE INFORMATION

Name of Horse:	Year of Birth:	<input type="checkbox"/> Colt <input type="checkbox"/> Ridging <input type="checkbox"/> Filly <input type="checkbox"/> Gelding
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Veterinarian:	Veterinarian's Phone Number:
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Reason For Retirement:

Known Past Injuries:

RF	LF
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RR	LR
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COMMENTS

PROGRAM ADMINISTRATOR COMMENTS

Signature: _____ Date: _____