



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 to: _____ . Liability and Risk of Loss and expenses for care of the horse remain with donor until the horse leaves the grounds to go to the partner farm. By signing below, I affirm I have the authority to donate this horse:

Signature: _____ Date: _____



VETERINARY EVALUATION

MARYLAND THOROUGHBRED AFTERCARE PROGRAM

HORSE INFORMATION

Name of Horse:

Year of Birth:

- Colt Ridging
 Filly Gelding

Veterinarian:

Veterinarian's Phone Number:

Reason For Retirement:

Known Past Injuries:

RF

LF

RR

RR

COMMENTS

PROGRAM ADMINISTRATOR COMMENTS

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