

## MARYLAND THOROUGHBRED AFTERCARE PROGRAM

| HORSE INFOR             | MATION  |                |                  |                        |                        |                        |  |
|-------------------------|---|----------------|------------------|------------------------|------------------------|------------------------|--|
| Name of Horse:          |   | Sire:          |                  | Dam:                   | Year of Birth:         |                        | lt □ Ridging<br>y □ Gelding                |
| Color:                  | Height:   | Tattoo:        |                  | Cribber? ☐ Yes ☐ No    | Date of Last Ra        | ace?                   | Track:                                     |
| OWNER / TRAI            | INER INFORMATION  |                |                  |                        |                        |                        |  |
| Owner Name:             |   |                |                  |                        |                        | Date o                 | f Application:                             |
| Street Address:         |   |                | City:            |                        | State:                 | Zip Code:              |  |
| Phone Number:           |   |                |                  | Email Address:         | nail Address:          |                        |  |
| Trainer Name:           |   |                |                  | Breeder:               |                        |                        |  |
| Street Address:         |   |                | City:            |                        | State:                 | Zip Co                 | de:  |
| Phone Number:           |   |                |                  | Email Address:         |                        |                        |  |
| Amount o                | of donation t   | O              | \$500<br>\$1,000 | ☐ Other                |                        |                        |  |
| accompar                | ny your hors  | ^7             | \$2,500          | Specify Amou           | ınt                    | _                      |  |
| REASON FOR              | RETIREMENT  |                |                  |                        |                        |                        |  |
|                         | its and warnings. Please  | be as detailed | d as possibl     | e and include all reco | rds, xrays, paper, co  | oggins, et             | C.   |
| Past Injuries:          |   |                |                  |                        |                        |                        |  |
| Vaccinations:           |   | Worming        | :                |                        | Teeth:                 |                        |  |
| <b>RISK OF LOSS AND</b> | orse to Beyond The Wire Thor<br>D EXPENSES FOR CARE O<br>ing below, I affirm I have the | F THE HORSE I  | REMAIN WI        | TH DONOR UNTIL THE     | nplete ownership of th | ie donated<br>E GROUNI | horse. LIABILITY AND<br>OS TO GO TO A PART |
| Signature:              |   |                |                  | Date:                  |                        |                        |  |



| HORSE INFORMATION               |                              |                |                                    |  |
|---------------------------------|------------------------------|----------------|------------------------------------|--|
| Name of Horse:                  |                              | Year of Birth: | ☐ Colt ☐ Ridging ☐ Filly ☐ Gelding |  |
| Veterinarian:                   | Veterinarian's Phone Number: |                | Date of Evaluation:                |  |
| Reason For Retirement:          |                              |                |                                    |  |
| Known Past Injuries:            |                              |                |                                    |  |
| RF                              | LF                           |                |                                    |  |
|                                 |                              |                |                                    |  |
| RR                              | LR                           |                |                                    |  |
|                                 |                              |                |                                    |  |
| COMMENTS                        |                              |                |                                    |  |
| COMMENTS                        |                              |                |                                    |  |
|                                 |                              |                |                                    |  |
| PROGRAM ADMINISTRATOR COMMENTS  |                              |                |                                    |  |
| TROGIZIN ADMINISTRATOR COMMENTS |                              |                |                                    |  |
|                                 |                              |                |                                    |  |
|                                 |                              |                |                                    |  |
| Signature:                      |                              | Date:          |                                    |  |