

# CARMA PLACEMENT PROGRAM

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[www.carma4horses.org](http://www.carma4horses.org)

## HORSE QUESTIONNAIRE

Fill out the Horse Questionnaire in its entirety and in as much detail as possible. Completion of this form **does not mean** the retired racing Thoroughbred in question has been accepted into the CARMA Placement Program. This document is to gather required information for the equine to be considered.

To be eligible, the connections must participate in the CARMA Purse Contribution Program. The horse must be a filly, mare or gelding who has raced at **Santa Anita Park, Del Mar Thoroughbred Club, Los Alamitos Thoroughbred Racing, Golden Gate Fields** or **California Authority of Racing Fairs** in the last six months. Unraced Thoroughbreds currently in training may be eligible as capacity permits.

Name of Horse: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer: \_\_\_\_\_ Barn Number: \_\_\_\_\_ Stall: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

### Horse Information

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

Markings: \_\_\_\_\_

Number of Career Starts: \_\_\_\_\_ Date of Last Race: \_\_\_\_\_ Track \_\_\_\_\_

Date of Last Work: \_\_\_\_\_ Track \_\_\_\_\_ Date of Retirement \_\_\_\_\_

Reason for horse being retired (Provide detailed information)

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**In order for this horse to be considered for the Placement Program we need an accurate written report from the vet and/or trainer with a diagnosis, treatment, recent radiographs and prognosis. The withholding of said information will automatically disqualify the horse from being a candidate.**

Is this horse a candidate for surgery? Yes ( ) No ( )

Type of surgery recommended by your veterinarian: \_\_\_\_\_

If yes, would the owner consider providing surgical options to provide their retiree with the best and most comfortable future possible? Yes ( ) No ( )

Current Prescribed Medications:

\_\_\_\_\_

History of previous known musculoskeletal injuries, diagnostics or surgeries:

\_\_\_\_\_

\_\_\_\_\_

Vaccination History:

\_\_\_\_\_

\_\_\_\_\_

Deworming History:

\_\_\_\_\_

Date of Most Recent Dental Work: \_\_\_\_\_

Date of Most Recent Farrier Work: \_\_\_\_\_

History of Colic in the previous 12 months: Yes ( ) No ( ) \_\_\_\_\_

History of Cribbing or Stall Weaving: Yes ( ) No ( ) \_\_\_\_\_

History of Ulcers: Yes ( ) No ( ) \_\_\_\_\_

History of EPM or any neurologic disorders: Yes ( ) No ( ) \_\_\_\_\_

History of Laminitis: Yes ( ) No ( ) \_\_\_\_\_

Current Coggins: Yes ( ) No ( ) Date: \_\_\_\_\_

Is the horse in a condition to be transported: Yes ( ) No ( ) \_\_\_\_\_

Has this horse shown aggressive or dangerous behavior while in your care (i.e. biting, striking, rearing, kicking)? **Please note: this will not disqualify the horse.** Yes ( ) No ( ) \_\_\_\_\_

If you would like, please describe the horse's temperament, characteristics and quirks:

\_\_\_\_\_

\_\_\_\_\_

**CONTINUE TO NEXT PAGE**

**A minimum \$500 donation is required for all horses admitted into the  
CARMA Placement Program**

Donations can be made by check, cash or online at [www.carma4horses.org](http://www.carma4horses.org). If the horse is accepted into the Placement Program, by signing below, I agree to donate a minimum of \$500 before the horse will be admitted to the Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Owner or authorized agent

Print Name \_\_\_\_\_

**By signing below, I give permission for CARMA representative to access pertinent health records and diagnostic reports to facilitate in the assessment and consideration of this horse in the CARMA Placement Program. I also understand any verifiable misinformation on this document may be grounds for judiciary action by the racing stewards.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Owner or authorized agent

Print Name \_\_\_\_\_

**Upon completion of this document, a CARMA representative will contact you to discuss admittance and next steps.**