CARMA PLACEMENT PROGRAM
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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 3/10 of 1% 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.

HORSE INFORMATION

Name of Horse: __________________________________________ Year of Birth: ______

Sex: ______ Tattoo#: ______________ Color: ________ Height: _______ Weight: _______

Markings: ________________________________________________________________________

Current Stabling Location: ___________________________________ Barn Number: _______ Stall: ______

Number of Career Starts: _____ Date of Last Race: ______________ Track ______________________

Date of Last Recorded Work: ______________ Track ______________________

Date of Retirement from Racing: ______________

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:
____________________________________________________________________________________
____________________________________________________________________________________

CONNECTIONS

Trainer Name: __________________________________________

Trainer Phone: ___________________________ Trainer Email: ___________________________

Owner(s) Name:
____________________________________________________________________________________

Address: _______________________________ City/State/Zip: _______________________________

Owner Phone: ___________________________ Owner Email: ___________________________
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.

Veterinarian: __________________ Phone: __________________ Email: ______________________

Does the horse have a retiring injury?  Yes ( ) No ( )

If yes, what is the clinical diagnosis? ________________________________

What is the veterinarian recommended course of treatment?
________________________________________________________________________
________________________________________________________________________

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

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

Is the horse currently on or require any prescribed medications?  Yes ( ) No ( )

If yes, please describe: ______________________________________

Does this horse have any previous injuries?  Yes ( ) No ( )

If yes, disclose any musculoskeletal injuries, diagnostics or surgeries:
________________________________________________________________________
________________________________________________________________________

Is this horse current on vaccinations?  Yes ( ) No ( )

If yes which did it receive and when, ______________________________________

Is this horse regularly dewormed?  Yes ( ) No ( )

If yes which did it receive and when, ______________________________________

Date of Most Recent Dental Work: ______________________________________

Date of Most Recent Farrier Work: ______________________________________

History of Colic: Yes ( ) No ( )

History of Ulcers: Yes ( ) No ( )

Has this horse ever had EPM or shown symptoms of any neurologic disorders: Yes ( ) No ( )

If yes, please describe: ______________________________________

History of Laminitis: Yes ( ) No ( )

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

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A MINIMUM $500 DONATION IS REQUIRED FOR ALL RACED HORSES ADMITTED INTO THE CARMA PLACEMENT PROGRAM. UNRACED HORSES IN TRAINING ARE $1,000.

Donations can be made by check, cash or online at 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.