

Date: \_\_\_\_\_

# 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 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](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 \_\_\_\_\_  
Owner or authorized agent

Date \_\_\_\_\_

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 \_\_\_\_\_  
Owner or authorized agent

Date \_\_\_\_\_

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

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