

CARMA PLACEMENT PROGRAM

285 W. Huntington Dr., Arcadia, CA 91007
626-574-6654 – nrietkerk@carma4horses.org
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)

CONTINUE TO NEXT PAGE

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 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 () _____

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

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. 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 _____