

CARMA PLACEMENT PROGRAM

PO Box 1086, Sierra Madre, CA 91025
626-574-6654 - PlacementProgram@carma4horses.org

Name of Horse _____ Date _____

Trainer _____ Barn No. _____ Stall _____

Phone _____ Email _____

How long can the horse stay at your barn? _____

Owner _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Veterinarian _____ Phone _____

Horse Information

Year of Birth _____ Sex _____ Tattoo# _____ Color _____ Height _____ Approx. Weight _____

Markings _____

Date of Last Race _____ Track _____

Reason for horse being retired (Provide detailed information)

Pertinent Medical History including injuries and previous surgeries or diagnostics in the past year.

Current Prescribed Medication

Personality/Vices

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

Signature _____ Date _____

Print Name _____