

CARMA PLACEMENT PROGRAM

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

To be eligible the connections must participate in the CARMA purse contribution program.

Name of Horse _____ Date _____
Trainer _____ Barn No. _____ Stall _____
Phone _____ Email _____
How many days 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 _____
Markings _____
Date of Last Race _____ Track _____
Date of Retirement _____
Reason for horse being retired (Provide detailed information)

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 and prognosis.

Is this horse a candidate for surgery? Yes/No

If yes, would the owner consider looking into surgery options to provide their retiree with the best future possible?

Current Prescribed Medication

Pertinent Medical History including injuries and previous surgeries or diagnostics

Has this horse been diagnosed and/or treated for EPM?

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

By signing below, I agree to donate a minimum of \$500 in a timely manner.

Signature _____ Date _____
Owner or authorized agent

Print Name _____

By signing below, I give permission for CARMA to access pertinent health records and diagnostic reports to facilitate in the assessment and consideration of this horse in the CARMA Placement Program.

Signature _____ Date _____
Owner or authorized agent

Print Name _____