

CARMA PLACEMENT PROGRAM

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

INTAKE QUESTIONNAIRE

Fill out the Intake Questionnaire in its entirety and in as much detail as possible. Completion of this form does not mean the retired 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 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 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 _____

Number of Career Starts _____

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, 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

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

Current Vaccinations and Date Administered

Date of Most Recent Dental Work

Does this horse have a history of ulcers?

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. I also give CARMA permission to add my email address to its news letter list.

Signature _____ Date _____
Owner or authorized agent

Print Name _____