

10. Has the horse ever worn corrective shoes?
Please explain:
11. Has the horse ever had surgery?
12. Has the horse ever had colic?
13. Is the horse completely halter broke?
14. What is the degree of schooling the horse has had to date?

15. Please check all that apply:

This horse will/is

- | | | |
|----------------------------------------------|------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Stand tied | <input type="checkbox"/> Stand in cross ties | <input type="checkbox"/> Kick |
| <input type="checkbox"/> Walk with you | <input type="checkbox"/> Come when called | <input type="checkbox"/> Strike |
| <input type="checkbox"/> Bite | <input type="checkbox"/> Load/unload | <input type="checkbox"/> Well Mannered |
| <input type="checkbox"/> Crib | <input type="checkbox"/> Know leads | <input type="checkbox"/> Easily trained |
| <input type="checkbox"/> Good w/other horses | <input type="checkbox"/> Child safe | <input type="checkbox"/> Picks up feet |
| <input type="checkbox"/> Good w/vet | <input type="checkbox"/> Bucks | <input type="checkbox"/> Spooks easily |
| <input type="checkbox"/> Has foundered | <input type="checkbox"/> Jumps | <input type="checkbox"/> Has coliced |
| <input type="checkbox"/> laid back | <input type="checkbox"/> Has had navicular pbs | <input type="checkbox"/> Has had stifle pbs |
| <input type="checkbox"/> Gaited | <input type="checkbox"/> Likes people | <input type="checkbox"/> Sensitive skinned |
| <input type="checkbox"/> Clumsy | <input type="checkbox"/> Clips | <input type="checkbox"/> Bathes |
| <input type="checkbox"/> Sensitive feet | <input type="checkbox"/> Even tempered | <input type="checkbox"/> Arthritic |
| <input type="checkbox"/> Good alone | <input type="checkbox"/> Needs companion | <input type="checkbox"/> Longes |
| <input type="checkbox"/> Trained to ride | <input type="checkbox"/> Trained English | <input type="checkbox"/> Trained Western |
| <input type="checkbox"/> Good in stall | <input type="checkbox"/> Drives | <input type="checkbox"/> Fully halter broke |

Additional Comments:

- #1
- #2
- #3

#4

#5

#6

16. Has the horse ever had a virus/disease?
17. Is the horse sensitive to specific weather (i.e. sun, cold)?
18. Has the horse ever been lame?
Please explain:
19. Does the horse have any sensitive areas on its body?
20. Has the horse ever had a prolonged illness/injury (more than 30 days)?
21. What was horse's useful purpose before being placed up for adoption (his "job")?

22. What type of shoes work best with this horse?

23. Are back feet usually shod?

24. Please complete the following information:

Date last ridden

Problems?

Date last worked

Date sheath last cleaned

Date teeth last floated

Type/size of bit used

Type of saddle used

Type of bridle used

Use of additional equipment

25. Does the horse have any known allergies?

26. Does the horse have a history of hives?

Please explain:

27. Why are you seeking a new home for this horse?

28. Current feed/times/amount

Feed:

AM:

PM:

Supplements:

29. What jobs can the horse perform safely with his/her new adopter (i.e. pleasure riding, jumping, showing, driving)?

30. Does the horse have any history of hoof problems?
Please explain:

31. What does the horse do when scared?

32. Recommended experience level of adopter/handler

33. Please check all training aids that have been used successfully with this horse

<input type="checkbox"/> round pen	<input type="checkbox"/> hand signals	<input type="checkbox"/> longe line
<input type="checkbox"/> longe whip	<input type="checkbox"/> riding crop	<input type="checkbox"/> legs
<input type="checkbox"/> body weight	<input type="checkbox"/> reins	<input type="checkbox"/> draw reins
<input type="checkbox"/> side reins	<input type="checkbox"/> spurs	<input type="checkbox"/> surcingle
<input type="checkbox"/> martingale	<input type="checkbox"/> voice	

34. What do you consider this horse's best trait(s)?

-
-
-

-

35. What do you consider this horse's worst trait(s)?

-

-

-

36. Can current owner provide transport for the horse to new home?

37. What items will accompany the horse to his new home?

-

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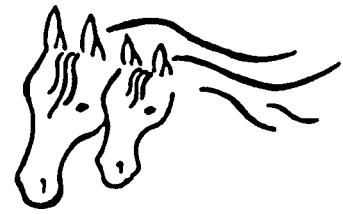
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38. Incidentals

_____ date _____
owner/donor



Last Chance Ranch, Inc. Equine Rescue

9 Beck Road
Quakertown, PA 18951
215-538-2510
www.lastchanceranch.org

Release Form

I, _____ (Donor) residing
at _____

agree to donate to Last Chance Ranch Equine Rescue, 9 Beck Road, Quakertown, PA 18951
the equine described below:

Name: _____
Age: _____ Sex: _____ Height: _____
Breed: _____
Color/Markings: _____
Reg. / Tattoo No.: _____

The Donor guarantees that, he/she is the owner of the said Equine and that he/she has the right to donate said Equine and he/she will defend the Equine against any and all lawful claims and demands made by all persons. Donor agrees to transfer all ownership and registration papers to Last Chance Ranch, Inc. Donor agrees that Last Chance Ranch, Inc., has all authority and legal rights to do with said Equine what Last Chance Ranch, Inc.'s Board of Directors feels is in the best interest of the equine.

This agreement is terminated upon a breach of any material term and the wronged party has the right to collect all reasonable fees and costs from the breaching party.

The Laws of the State of Pennsylvania shall govern this Agreement.

In Witness Thereof, the parties hereto have signed and sealed this Agreement executed this _____ day of _____, 20_____(date).

DONOR: (signature) _____

WITNESS:(signature) _____