

Racehorse Placement Information

OWNER INFORMATION

Owner Name: _____

Owner Phone Number: _____

Owner Email: _____

Owner Address: _____



HORSE INFORMATION

Jockey Club Name: _____ Lip Tattoo #: _____

Age: _____ Gender: _____ Color: _____ Height: _____

Location of Horse (state location of farm or track barn #): _____

Number of starts: _____ Date Last Ran: _____

Known behavioral issues: _____

Known injuries: _____

Trainer name: _____ Trainer Phone: _____

Is trainer the authorized agent of owner? Please check applicable box Yes No

Reason for seeking placement: _____

How soon does the horse need to be placed? _____

Horse's regular veterinarian: _____

****Please fill out and sign the veterinary records release authorization on the back or second page of this form****

Owner's Veterinary Records Release Authorization

By signing below, I hereby authorize any and all veterinary practices that have records pertaining to _____ (name of horse) to release those records to Aftercare Charles Town (ACT), and/or to prospective rescues designated by ACT, for the purpose of facilitating the rehoming of this horse. I also request that the horse's regular or most recent veterinarian provide below a brief written veterinary interpretation of the medical records, i.e., a description of any bone chips, soft tissue damage, or other performance limiting injuries or health conditions. I represent and warrant that I am either the legal owner of this horse or am the duly authorized agent of the legal owner and am authorized to execute this release.

Signature of owner or trainer/agent

Date

Printed name of owner or trainer/agent

Veterinary Interpretation of Medical Records:

****PLEASE NOTE – A COMPREHENSIVE PRE-PURCHASE EXAM HAS NOT BEEN PERFORMED AND EXISTING MEDICAL RECORDS MAY NOT DISCLOSE ALL CURRENT HEALTH CONDITIONS****

Veterinarian signature

Date

Printed name of veterinarian