

SOUTH JERSEY THOROUGHBRED RESCUE

40 Cooper-Tomlinson Road
Medford, NJ 08055
609-354-2014; sjtr@comcast.net

HORSE INTAKE FORM

NAME OF HORSE _____ DATE _____

OWNER _____ ADDRESS _____

Phone: _____ email address _____

LOCATION OF HORSE _____

HORSE INFORMATION

Year of Birth _____ Sex: _____ Tattoo# _____ Color _____ Height: _____

Markings _____

Cribber? _____ Date of last race, if known _____ Track _____

Why is horse being retired/placed for adoption? (Detailed information): _____

Has horse had any retraining since being retired from racing? Explain _____

Past injuries: _____

Personality/vices: _____

By signing this form, I understand that I am giving up ownership of the above named horse to the SJTR. In return, SJTR is responsible for providing feed, shelter and care for said horse until an approved home can be provided.

Signature _____ Date: _____