



Date: \_\_\_\_\_

### **Horse Information**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ (no intact males)

Tattoo Number: \_\_\_\_\_ Color: \_\_\_\_\_

Owner's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Trainer: \_\_\_\_\_

Trainer's Phone Number: \_\_\_\_\_

Date of last race: \_\_\_\_\_ Track: \_\_\_\_\_

Date of last workout: \_\_\_\_\_ Track \_\_\_\_\_

### **Veterinary Information**

Name: \_\_\_\_\_

Vet's Phone Number: \_\_\_\_\_

Date of last Worming: \_\_\_\_\_ Date of last dental work: \_\_\_\_\_

Vaccinations and date: \_\_\_\_\_

Reason for retirement/Bad Vices: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The minimum donation for a horse is \$800. Please fill in the amount you wish to donate to Galloping Out. \$\_\_\_\_\_. Thank you.



**Veterinary Report**

Date: \_\_\_\_\_

Vet Name: \_\_\_\_\_

Horse Name: \_\_\_\_\_

Injuries: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Prognosis for return to soundness: \_\_\_\_\_

Stall Rest: \_\_\_\_\_ Hand Walk: \_\_\_\_\_

Round Pen: \_\_\_\_\_ Turn Out: \_\_\_\_\_

Rideable: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

Follow up exam: \_\_\_\_\_

X-Rays: \_\_\_\_\_ Ultra Sound: \_\_\_\_\_

Remove Stitches: \_\_\_\_\_ Re-Cast: \_\_\_\_\_

Other Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Vet Signature