



Intake Form:

Rules of Entry:

- Horses must be Thoroughbreds that have raced or trained in British Columbia.
- The American Association of Equine Practitioners' "Transitioning the Retired Racehorse: Guidelines for Equine Practitioners, Adoption Organizations and Horse Owners" will be followed by New Stride board members and volunteers involved with intake assessment and decision-making. The guidelines are viewable at the following link: <http://www.aaep.org/images/files/TransitioningGuidelinesFinalFebruary2011.pdf>
- Horses must be delivered directly from the track, from a training centre or from a farm where rehabilitation has been provided.
- Transportation to New Stride is the responsibility of the owner.
- Horses that have been away from the track for more than one year are not eligible.
- Off-the-track Thoroughbreds that have been used as broodmares or riding horses are not eligible.
- Stallions must be gelded.

Donated horse information:

Horse's Name: _____

Registration Number: _____

Year of birth _____ **Sex:** _____

Height: _____ **Color:** _____

Dam: _____ **Sire:** _____

Date Last Raced: _____ **Starts:** _____

Reason for Retirement: _____

Trainer: _____ **Barn:** _____

Owner(s): _____

Papers* (Y/N?): _____ **Photos (Y/N?):** _____

Race Record (Y/N?): _____

** If papers are not available, please give reason.*

Donated horse evaluation:

Physical Condition: _____

Injuries: _____

Date(s) of operations: _____

Vaccinations:

Flu/EV (Y/N?): _____	Date: _____	Tetanus (Y/N?): _____	Date: _____
Rabies (Y/N?): _____	Date: _____	West Nile (Y/N?): _____	Date: _____
Strangles (Y/N?): _____	Date: _____	Other: _____	Date: _____

Temperament:

Cribber (Y/N?): _____	Weaver (Y/N?): _____	Stall Walker (Y/N?): _____	Other: _____
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Vet Information*:

Name: _____

Phone: _____

Permission to contact: _____

** New Stride reserves the right to request vet checks, x-ray, ultra sounds or any other relevant information.*

Financial Assistance:

Are you willing to provide a tax deductible donation to accompany the horse?

Amount: \$ _____

Are you willing to pay the expenses (eg. board, farrier, vet) for the horse while in the New Stride program?

Amount: \$ _____

Signature: X _____

Name: _____

Date: _____