



Arkansas Thoroughbred Retirement and Rehabilitation Foundation Inc.

P.O. Box 20203 | Hot Springs, AR 71903

Contact: Jeannette Milligan (501) 623-7641 or Jennifer Hoyt (501) 363-4305

HORSE IN TAKE FORM

Owner(s): _____ **Date:** _____

Address: _____

Phone #: _____ **Email:** _____

Veterinarian: _____ **Phone:** _____

Name of Horse: _____ **Registration #:** _____

Current Location: _____ **Trainer:** _____

Year of Birth: _____ **Sex:** _____ **Color:** _____ **Height:** _____

Date, Track and Finish of Last Race: _____

Why is the horse being retired?: _____

Is the horse on any medication?: _____ **If yes, explain:** _____

Current vaccinations/dates: _____

Injury Report (past and current): _____

Provide a brief description of the horse's personality, manners and vices on the track and in its stall: _____

Signature: _____ **Date:** _____

ALL VET RECORDS MUST BE DISCLOSED BEFORE ACCEPTANCE INTO PROGRAM