



The Hooved Animal Sanctuary

A Vermont Rescue Farm Celebrating 10 Years of Protection,
Rehabilitation and Community Education.



The Hooved Animal Sanctuary, P. O. Box 258, Chelsea Vt. 05038 • Tel: 1-802-685-7767

SURRENDER APPLICATION

\$500.00 surrender fee is required for each horse accepted to our facility

Horse's Name _____

Registered Name and # _____

Breed _____ Height _____ Weight _____

Age _____ Gender _____ Color _____

Current Owner _____

Address _____

City, _____ State, _____ Zip _____

E- MAIL _____

Phone _____

Vet _____

Address _____

City, _____ State, _____ Zip _____

Phone _____

List any medical needs or injuries that require attention _____

May HAS contact the vet listed? _____ Please request the horse's medical records be sent to HAS or authorize release of the medical records to HAS.

Reasons for donating this horse to HAS

YOUR HORSE'S HISTORY

Please complete information about your horse's history. Providing HAS with this personal information will help us find a suitable adoptive home for your horse.

1. HEALTH

Last Vaccination Date _____ Vaccines _____

Last Worming Date _____ Wormer: _____

Current Medications /special care _____

Please list all known medical problems/conditions
(allergies, lameness conditions, heaves, etc.)

2. BREEDING

If horse is a mare, has she ever been bred? _____ How many foals? _____

Last breeding? _____

3. FARRIER

Last farrier date? _____

How does the horse act for the farrier? _____

4. FEEDING

Hay Type _____ Amount per feeding _____

How many times a day is horse being fed? _____

Grain Type _____ Amount per feeding _____

Supplements or special feed _____

5. SHELTER

Pasture or stall? _____

Stall Manners? _____

6. TRAILERING

Does the horse load easily? _____

Does the horse haul well? _____

Problems? _____

7. BEHAVIOR

Comments _____

Is the horse hard to catch? _____

Known behavior problems? (Kicks, bites, rears, bucks, weaves, wood chewer, etc.)

8. TRAINING

English _____ Western _____ Drives _____

Professional Training / _____

Trainers Name _____

Address _____

Phone _____

*Please fill out and mail to above address or email completed form to: deb@hooved.org
Feel free to include any additional information that you think will be useful to us.*