**APPLICATION FOR HORSE INTAKE**

|  |
| --- |
| **Name of current owner :** |
| **Address :** |
| **City :** | **County :** | **Postcode :** |
| **Phone Number :** |
| **Email Address :** |

|  |
| --- |
| **ABOUT THE HORSE** |
| **Name of horse :** |
| **Age :** |
| **Height :** |
| **Breed:** |
| **Health issues :** |
| **Behavior /emotional issues:** |
| **Other reasons for wanting to come here**  |
| **What other options have been tried?** |

|  |
| --- |
|  |
| **Are all horse's vaccinations up to date?:** |
| **Does he/she have a passport?:** |
| **Is he/she microchipped?:** |
| **Is he/she freeze marked?** |
| **When was his last Hoof trim? :**  |
| **Dental treatment?** |
| **Worm count and result?** |
| **Has he/she been tested for PPID or EMS? Result?** |
| **Is he/she on medication?** |
| **Does he/she have RAO/SAD?** |
| **Are you willing to have a two stage veering at your expense?** |
| **If applicable are you willing to have foot X ray at your expense?** |
| **Do you have transport to bring him here?** |
| **Do you understand you will be permanently transferring his ownership to us?** |
| **Can he/she be ridden?** |
| **Can he/she be driven?** |

|  |
| --- |
|  |
| **Can he/she take part in equine therapy?** |
| **Is he/she good with other horses/dogs/children/chickens?** |
| **Are you happy to add him to the waiting list if there is no current place?** |
| **Are you happy to pay minimum £300 intake fee?** |

|  |
| --- |
| **REFERNCE 1** |
| **Name :** |
| **Phone Number :** |
| **Email Address :** |

|  |
| --- |
| **REFERNCE 2** |
| **Name :** |
| **Phone Number :** |
| **Email Address :** |

**Please complete and submit questionnaire by email to****fran.a.p.davies@hotmail.co.uk**