



## Monthly Report

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

Email Address: \_\_\_\_\_

Name of horse or burro: \_\_\_\_\_

Overall condition of horses health    Excellent        Good        Fair        Poor

*Please describe the horse's daily diet*

Morning \_\_\_\_\_

Evening \_\_\_\_\_

Other \_\_\_\_\_

Last farrier visit \_\_\_\_\_

Last vaccinations \_\_\_\_\_

Last de-worming \_\_\_\_\_

Last veterinary visit \_\_\_\_\_

Is the horse being ridden    Yes    No

What kind of riding and how often \_\_\_\_\_

Have you experienced any soundness problems?    Yes    No

Are you having any trouble with the horse under saddle?    Yes    No

Are you working with a trainer?    Yes    No

Are you having any other behavioral problems with the horse?    Yes    No

Please Describe \_\_\_\_\_

Do you have any concerns with the animals health or weight?    Yes    No

Please Describe Health \_\_\_\_\_

Location of the horse \_\_\_\_\_

Do you have plans to move the horse to a different location in the near future?    Yes    No

New address \_\_\_\_\_

**Please submit two photos of your adoptive horse; please shoot one of the photos from the side with no tack or blankets.**

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