

**INTERNATIONAL PHOENIX FOUNDATION**  
**Mountain States Horse Rescue and Rehab**  
**8154 County Road 3**  
**Joel, Colorado 80822**

**HORSE DONATION INFORMATION**

Horse's Nickname					
Full Registered Name					
Breed			Registration Number		
Age		Sex		Color	
Written Description					
Identification Marks (i.e., brands, tattoos)					

**Current Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State ZIP:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

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**Previous Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State ZIP:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

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**Original Breeder:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State ZIP:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

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Does the above named horse have any medical problems/injuries for which s/he is receiving treatment or for which treatment is necessary? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain your reason(s) for wishing to donate this horse to Mountain States Horse Rescue and Rehab: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Horse Name: \_\_\_\_\_

**HORSE CARE:**

Horse was last dewormed on (date):		Brand name and type used (i.e., paste, liquid, etc)			
Last Coggins test date:		Results:			
Date of last vet call:		Reasons?			
If your horse is receiving any medications, please list and give dosage and reason:					
Does your horse have any medical conditions (i.e., allergies, navicular, COPD, etc)?					
What do you feed your horse? Please give <i>types, amounts and frequency</i> :	Hay	Pasture	Grain	Supplements	Other (explain)
Date of last farrier visit:		Is your horse shod or barefoot?		Corrective shoes needed (if yes, type/reason)	
What type of housing/pasture is your horse used to (please describe)?					
If your horse is not now in pasture, has s/he ever been in one?		If yes, how long ago?			

**TRANSPORTATION:**

Does the above named horse load into a trailer easily?	<i>Comments:</i>
If there are problems loading the horse, what procedure do you follow?	<i>Describe:</i>
What type of trailer do you use (i.e., two-horse straight load, slant, stock)?	

**BEHAVIOR:**

Does your horse have any known behavioral problems? If yes, please describe:	
What do you do when these problems occur?	

Horse Name: \_\_\_\_\_

**TRAINING:**

Has your horse ever had any professional training?		Is yes, when, for how long, and with whom?		
What type of tack do you use?	Saddle	Bit	Tie-downs/ martingales	Other
Is there any type of tack/ training equip. that your horse <i>dislikes</i> ?			Is there anything s/he particularly likes?	
Type of use (please mark percentage of time you do these – i.e., 50% jumping, 50% trails) .Check all that apply.	Western Pleasure	Trail Riding	Reining	Cutting

Please give two additional references familiar with your experience with horses:

1. Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_

<b>*** For Office Use Only ***</b>	
Application Received by (initial):	On (date)
Adopter contacted on (date):	About (horse name):
Visit date:	Results?
Adopter contacted on (date):	About (horse name):
Visit date:	Results?

**\*\*NOTES\*\***