



Thoroughbred Retirement Foundation

TRF Maker's Mark Secretariat Center
4089 Iron Works Parkway • Lexington, KY 40511
Phone: 859-246-3080 • Fax: 859-246-3082

Dear Veterinarian:

_____ adopted a horse from the Thoroughbred Retirement Foundation (TRF). We require information pertaining to the horse's condition from an attending veterinarian. Please note that we require that these diseases are vaccinated against at the appropriate time each year: EIW Encephalitis, Tetanus, Rabies, WNV and Rhino. Please advise your client if you feel there are other endemic diseases that precaution should be taken against.

The enclosed form should be fully completed and mailed (self-addressed envelope is enclosed) or faxed to the TRF's office at 859-246-3080. The Veterinary Follow-Up Form must be completed by a licensed veterinarian; we appreciate receiving this from you directly.

Thank you for your cooperation and comments.

Sincerely,

Sara Davenport
Adoption Coordinator



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Veterinary Follow-Up Form

Section A to be filled out by ADOPTIVE OWNER (Please Print):

Section A:

Horse's Jockey Club Name: _____ Tattoo#: _____

Name of Adoptive Owner: _____

Telephone Number: _____

Address of Stabling Site: _____

Sections B and C to be filled out by a VETERINARIAN ONLY:

Section B:

Name of Veterinarian: _____

State: _____ License Number: _____

Telephone Number: _____

Business Address: _____

Veterinarian's Signature: _____

Section C:

Date of Exam: _____

Color and Markings of Examined Horse: _____

Approximate Height: _____ Approximate Weight: _____

(Please Circle)

1. Y N Has named horse had all required vaccinations in the last year?
2. Y N Is horse on a regular deworming program?
3. Y N Is shelter/stable adequate?

4. Teeth: ___recently floated ___adequate ___need attention

5. Hooves: ___recently trimmed ___adequate ___need attention

6. Please Rate the condition of this horse according to the attached chart: _____



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Your comments are appreciated:

Please Return To:

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