



**Thoroughbred Retirement Foundation**

**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 floated                              \_ adequate              \_ need attention

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

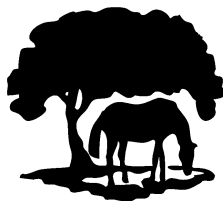
Your comments are appreciated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Complete and Return To:*

**Thoroughbred Retirement Foundation**

4089 Ironworks Pkwy. • Lexington, KY 40511 • 859-246-3080 • Fax: 859-246-3082



## TRF Secretariat Center

ATTN: Niki Smith  
4089 Iron Works Parkway  
Lexington, KY 40511  
Phone: 859-246-3080 • Fax 859-246-3082

Dear Veterinarian:

\_\_\_\_\_ adopted \_\_\_\_\_ 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: E/W 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 859-246-3082. 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,

Nicole R. Smith  
and

Melissa S. Klick  
TRF Adoption & Placement Coordinator