



Sandhills Horse Rescue

PO Box 903

Spring Lake, North Carolina 28390

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SandhillsHorseRescue@gmail.com

Seized Equine Intake Foster Form

Seizing Agency / Department - _____

Authorized Representative - _____

Description of Fostered Equine:

Name - _____ Case ID - _____

Registration: Registry - _____ # - _____

Registered Name - _____

Species - Equine Age - _____ years / months Sex - Mare / Gelding / Stallion

Breed - _____ Color - _____

Witnessed Behavior - _____

Medical Status - _____

Required / Specialty Care - _____

Limitations - _____

Monetary Amount Allowed for Emergency Care / Treatment - \$ _____ . _____ (monthly or max-cap)
CIRCLE ONE

Type / Amount of Feed/Grain Provided - _____

Supplements Provided - _____

Type of Hay Provided - _____

Last Known Vaccination(s) - _____ Date - _____

Last Known Deworming - _____ Date - _____

Evaluating Veterinarian (upon seizure) - _____

Clinic Name - _____

City, State - _____

Contact Number - _____

Procedures / Treatment - _____

Release of Medical Information Authorized by Seizing Agency / Department - YES NO

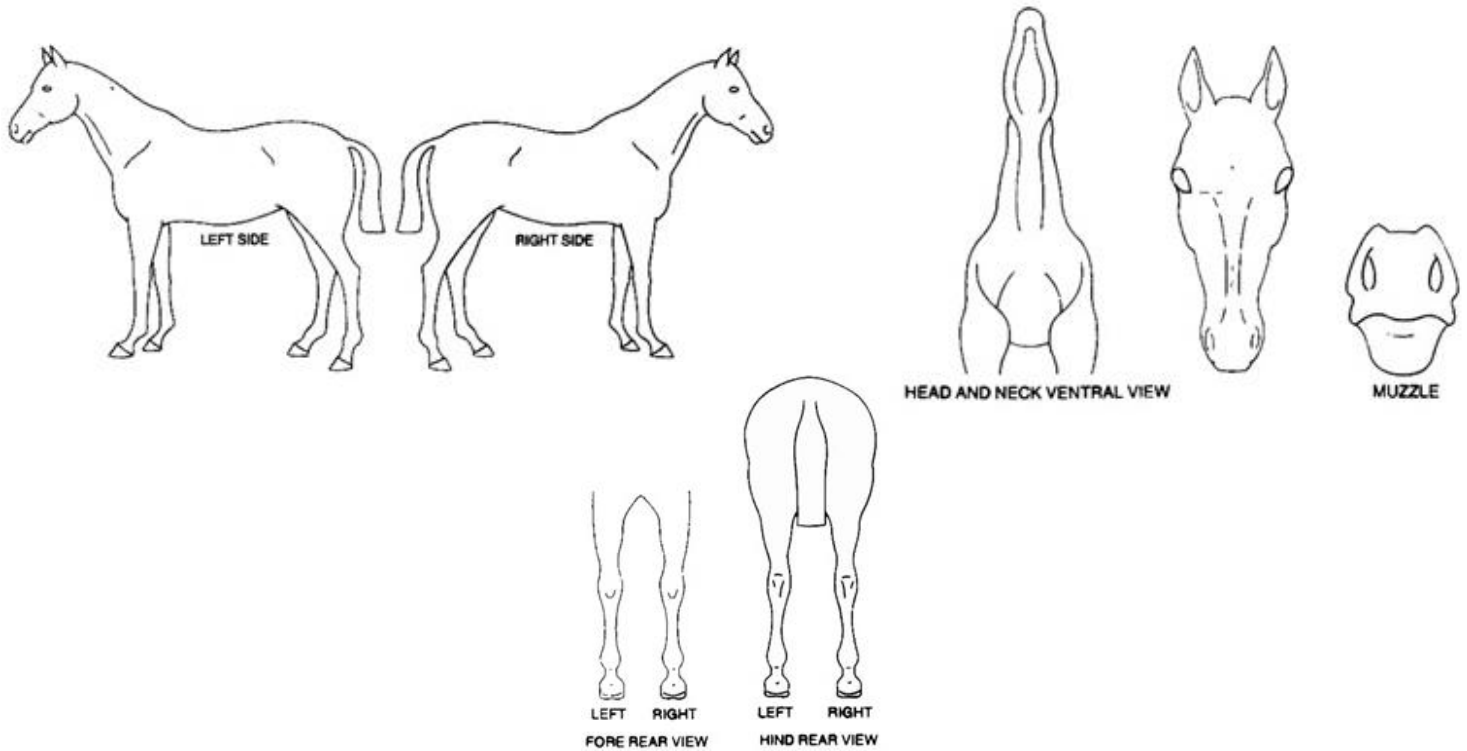
Evaluating Farrier (upon seizure) - _____

City, State - _____

Contact Number - _____

Specialized Care - _____

Release of Hoof Care Information Authorized by Seizing Agency / Department - YES NO



Attach or Include Photos showing Color and Markings (if available) –

