



Equine Crisis Intervention Application

Date: _____

Horse's Name: _____
Breed: _____ Gender: _____ Color: _____
Date Foaled/Age: _____ Height: _____ Weight: _____
Coloring including notable markings: _____
Brands/Tattoos/Scars/Blemishes: _____

Current Owner: _____
Address: _____
City/State/ZIP: _____
Day Phone: _____
E-mail: _____

Current Location of Horse: _____
Address: _____
City/State/ZIP: _____
Name of Current Caregiver: _____
Phone: _____
E-mail: _____

Veterinarian: _____
Address: _____
City/State/ZIP: _____
Phone: _____

Farrier: _____
Address: _____
City/State/ZIP: _____
Phone: _____

What life changing occurrence transpired which resulted in your need to seek assistance for your horse?

How do you plan to resolve your crisis? _____

Have you reached out to others for assistance? If so, please describe.

How has your horse been cared for in the past?

What areas of equine care do you need the *most urgent* assistance with? Rank in order of importance.

How long do you foresee needing assistance to care for your horse?

Are there any urgent equine medical needs that require *immediate* attention? Please list all:

Your Horse's History

Health

Last vaccination date: _____ Vaccine Type: _____

Last worming date: _____ Wormer Type: _____

Last date teeth floated: _____ Last vet call date: _____

Current medications/special care _____

How often: _____ Why: _____

Please list all known medical problems/conditions (allergies, founder, navicular, loss of eyesight, etc.):

Comments: _____

Farrier

Last farrier call date: _____ Shod? _____ Trimmed? _____ Type of shoes: _____

Corrective shoes or devices? _____ Reason for corrections: _____

Feeding

Current feeding pattern:

Pasture: YES NO If yes, list type: _____ Hours per day: _____ Hay type:

Amount: _____ Frequency: _____

Grain type (if no grain is fed, please indicate as such): _____

Amount: _____ Frequency: _____ Supplements or special feed: _____

Shelter (please check appropriate boxes)

Pasture only: Shed: Stall: Run: Turnout: YES NO

Comments: _____

Behavior

Please describe any behavioral issues including but not limited to cribbing, rearing, bucking, kicking, biting, hard to catch,

etc. _____

Please describe your horse's temperament. Is your horse shy, dominate, outgoing, spooky, nervous, aggressive, mellow, friendly or other?

Training and Riding

Has the horse been trained? If yes, describe level of training _____
Is this horse sound and rideable? _____ What type of riding? _____ Describe any riding limitations: _____

By signing this application, I certify that:

- I am over the age of 18 and I currently possess a brand inspection for this horse.
- I have disclosed all medical and behavioral issues as well as special care instructions for this horse.
- I give Colorado Horse Rescue permission to contact the veterinarian listed on this application to obtain medical records and receive consultation in regards to this horse.
- All information contained in this application is truthful to the best of my knowledge.

Signature: _____

Date: _____

Print Name: _____