

Equihab Foundation

Request for Assistance Re-homing and/or Admission of a Horse

HORSE OWNER INFORMATION

Name: _____ Email address: _____ Phone: _____

Address: _____

Address of horse: _____

Why are you seeking a new home for these horse(s)? _____

HORSE INFORMATION

Name: _____ Age: _____ (estimated or exact?) Breed(s): _____

Size: _____ Mare / Gelding / Stallion If mare, any possibility she might be pregnant?

How long have you had this horse? _____

Date of last negative Coggins test: _____ Date of last vaccinations: _____

Training/temperament including any behavioral problems or aggression:

Disclosure of health or soundness issues:

Any other information you feel we need to know:

Please email photos, flyers, or any other information about your horse to horses@equihab.com

By signing below I attest that I am the legal owner of the above horse and that the information I provide is true and complete to the best of my ability.

Signature of legal horse owner Date Signature of co-owner Date

RETURN FORM TO horses@equihab.com or by mail to Equihab, 111 S Main Street, North East, MD 21901