



Standardbred Retirement Foundation
 42 Arneytown-Hornerstown Rd., Cream Ridge, NJ 08514
 Email: SRFAdoption@gmail.com
 AdoptaHorse.org
 Phone ~ 609-738-3255, Fax ~ 609-738-3258

Dear Licensed Veterinarian, _____ adopted a horse from the Standardbred Retirement Foundation. We require information pertaining to the horse's condition semi-annually from the attending veterinarian, as per the **adoption/caregiver agreement**. This will ensure the well-being of our adopted horses. Thank you for your cooperation and comments.

VETERINARY FOLLOW UP FORM

This form to be completed by a licensed Veterinarian only

Horse: _____ Tattoo: _____ Age: _____ Sex: _____
 Color: _____ Size: _____ Markings: _____

1. **Y N** Is horse on adequate worming program? Date of last worming _____
2. **Y N** Is the shelter and turnout adequate for the horse Yes No
3. Teeth (check one): Recently floated Adequate Needs attention
4. Hooves (check one): Recently trimmed Well cared for Adequate Needs attention
5. Check the condition of horse on the chart below:

CONDITION	NECK	WITHERS	LOIN	TAIL HEAD	RIBS	SHOULDER
1 POOR	Bone structure easily noticeable	Bone structure easily noticeable	Spinous process projects prominently	Tail head (pinbones) hook bones projecting prominently	Ribs projecting prominently	Bone structure easily noticeable
Animal extremely emaciated; no fatty tissue can be felt						
2 VERY THIN	Faintly discernible	Faintly discernible	Slight fat covering over base of spinous processes. Transverse processes of lumbar vertebrae	Tail head prominent	Ribs prominent	Faintly discernible
3 THIN	Neck accentuated	Neck accentuated	Fat buildup halfway on spinous processes, but easily discernible. Transverse processes cannot be felt.	Tail head prominent but individual vertebrae cannot be visually identified. Hook bones appear rounded, but are still easily	Slight fat cover over ribs. Ribs easily discernible	Shoulder accentuated
4 Moderately THIN	Neck not obviously thin	Withers not obviously thin	Negative crease along back	Prominence depends on conformation; fat can be felt; Hook bones appear rounded but are still easily discernible.	Faint outline discernible	Shoulders not obviously thin
5 Moderate	Neck blends smoothly into body	Withers not over spinous or processes	Back Level	Far around tail head beginning to feel spongy	Ribs cannot be visually distinguished but can be easily felt	Shoulders blends smoothly into body
6 Moderately FLESHY	Fat beginning to be deposited	Fat beginning to be deposited	May have slight positive crease down back	Fat around tail head feels soft	Fat over ribs feel spongy	Fat beginning to be deposited
7 FLESHY	Fat deposited along neck	Fat deposited along withers	May have positive crease down back	Fat around tail head is soft	Individual ribs can be felt, but noticeable filling between ribs with fat	Fat deposited behind shoulder
8 FAT	Noticeable thickening of neck	Area Along withers filled with fat	Positive crease down back	Tail head fat very soft	Difficult to feel ribs	Area behind shoulder filled in with body
Fat deposited along inner buttocks						
9 Extremely FAT	Bulging fat	Bulging fat	Obvious positive crease down back	Building fat around tail head	Patchy fat appearing over ribs	Bulging fat

6. Use of horse: _____

7. Horse is (check one) Home or Boarded - Street Address of horse: _____

City _____ St _____ Zip _____

8. **Please note any visible signs of lameness, and any issues you may be addressing with adopter:**

9. Ask adopter approx. date of adoption/receiving horse into their care: _____

Follow the Standard Veterinary Recommendations for all vaccinations appropriate for your region of the country. The recommendations below are guidelines for the health of your horse.

SPRING Veterinary Follow-up form Must be received by 5/15 each year	FALL Veterinary Follow up form Must be received by 11/1 each year
Inoculations for this season: Required: EW, Tetanus, Rabies, West Nile Recommended: Strangles & Flu/Rhino, Endemic diseases Inoculations administered: _____ _____ _____ Comments _____ _____	Inoculations for this season: Required: Flu/Rhino Recommended: Strangles, Endemic diseases Inoculations administered: _____ _____ _____ Comments _____ _____

If there is any concern for this horse, please contact the Standardbred Retirement Foundation confidentially at (609) 738-3255 (phone) or (609) 738-3258 (fax) or email SRFHorsesandKids@gmail.com

LICENSED VETERINARIAN: Please sign & date this form below.

NAME (PRINT) _____ DATE OF EXAM _____ SIGNATURE _____

Veterinarian's Clinic Name: _____ St & License# _____ Date of Exam _____

Office Address _____ State & Zip _____

Telephone _____ Fax _____ Email _____

Comments or Concerns Appreciated - Thank you

