

Please print the following & return through email or regular mail:

OWNER'S NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

EQUINE INFORMATION:

EQUINE NAME: _____ BREED: _____ AGE: _____

GENDER: _____ COLOR: _____ HEIGHT: _____

Disciplines(s): _____

Is your horse/pony able to walk/trot/canter/jump? If not, please explain: _____

Is your horse/pony being used regularly now? Please explain: _____

Does your horse/pony have any lameness issues? Please explain: _____

Does your horse/pony have any physical/psychological problems that call for routine treatment? Please explain: _____

Does your horse/pony load/trailer? _____

Why would you like to donate your horse/pony to Jacobs' Ladder Therapeutic Riding Center? Please explain: _____

Do you have: a clear title to this equine? _____ A current Coggins? _____ Immunization records? _____

Shoes on your equine? _____ Where is your horse/pony currently stabled? _____

Due to space and program restrictions at any given time, we may not be able to accept new equines into our program immediately. Are you able to delay this donation if space is currently unavailable? _____

Please include any additional information you wish to provide in the space below: _____

Please provide any photographs of your horse/pony with this Equine Information Form and mail to:

Leslie Jacobs 5866 Bradford Rd. N. Hahira, GA 31632 or leslie_j@hotmail.com