



WILD HEARTS THOROUGHBRED ADOPTION SOCIETY
Registered Charity # 70547 9806 RR0001

487 Darcy Mountain Rd B348 | Princeton | BC | V0X 1W0
www.wildheartsthoroughbredadoption.com | 250.293.6193

RETIRING THOROUGHBRED SUBMISSION FORM

**Please complete form and send to info@wildheartsthoroughbredadoption.com or text to 250-293-6193. You will receive confirmation of receipt within 24hrs. If you do not, please text 250-293-6193. NOTE: Submissions are reviewed by the board for eligibility, space, and match.*

We do not currently intake 'pasture sound' only horses as we are not set up for lifelong sanctuary at this time (though it is a longer term goal as the need is there, as funding permits). There are very few qualified/approved homes seeking a young, pasture sound only OTTB, and as such, these horses require either sanctuary or humane euthanasia.

Rules of Entry

- Horses must be Thoroughbreds that have raced or trained in British Columbia, Alberta or WA.
- The American Association of Equine Practitioners' "Transitioning the Retired Racehorse: Guidelines for Equine Practitioners, Adoption Organizations and Horse Owners" will be followed by Wild Hearts board members and volunteers involved with intake assessment and decision-making. The guidelines are viewable at the following link: <http://www.aaep.org/images/files/TransitioningGuidelinesFinalFebruary2011.pdf>
- Stallions must be gelded.

Donated Horse Information

Horse's Name _____

Registration Number _____

Year of Birth _____

Sex _____ Height _____ Color _____

Dam _____ Sire _____

Date Last Raced _____ Starts _____

Reason for Retirement

Trainer Barn _____

Owner(s) _____

Papers* Yes or No

Race Record Yes or No

Photos Yes or No

* If papers are not available, please give reason. _____



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Wild Hearts Thoroughbred Adoption Society Horse Intake

Donated Horse Evaluation

Physical Condition

Injuries

Date(s) of Operation(s) if applicable _____

Vaccinations

Flu/EV Yes or No **Date** _____ **Tetanus Yes or No** **Date** _____
Rabies Yes or No **Date** _____ **West Nile Yes or No** **Date** _____
Strangles Yes or No **Date** _____ **Other** _____ **Date** _____

Temperament _____

Cribber Yes or No

Weaver Yes or No

Stall Walker Yes or No

Other _____

Veterinarian Information

Name _____

Telephone _____ - _____ - _____

Permission to Contact _____

**Wild Hearts reserves the right to request vet checks, x-rays, ultrasounds or other relevant information.*

Financial Assistance (tick boxes that apply)

Adapted June 2024 due to funding shortages and increasing service demand

(A) Select one:

- (owner/trainer) am looking to submit a horse **WITHOUT** any limitations/vices (donation appreciated, but not required).
- (owner/trainer) am looking to submit a horse **WITH** physical limitations or vices (\$1,000 donation required to assist in lengthier stay/vet bills/feed).

(B) Select one:

- (owner/trainer) am able to have horse transported to you (donation appreciated, but not required).
- (owner/trainer) would like to have the charity pick up the horse (\$300 donation to cover travel costs).

Add (A) + (B) for TOTAL DONATION amount: \$ _____

Once horse approved (based on space, program compatibility), donation can be sent **via e-transfer to info@wildheartsthoroughbredadoption.com OR **via mailed cheque to address at top**. Due to past situations, we now require donation to be received before horse arrives.*

Signature _____ Name _____ Date _____