





## Animal Donation Agreement

Name of  
Animal \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_

Please answer the following questions:

What has this animal been used for: ( ) Pleasure riding ( ) Showing ( ) Breeding  
( ) pasture companion ( ) other \_\_\_\_\_

Has this horse been used for track racing? ( ) yes ( ) no

please check the following boxes if the animal does any of these things ( ) Cribs  
( ) weaves ( ) Bites ( ) rears ( ) bucks :please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

is this animal used to pasture turn out ( ) yes ( ) no Stall kept ( ) yes ( ) no  
what type of fence is the animal used to? \_\_\_\_\_

any fence that it has problems with? \_\_\_\_\_

How does the animal get along with others in a pasture setting? \_\_\_\_\_  
\_\_\_\_\_

What type of riding has this horse been used for ( ) english ( ) western

Has this horse been used for ( ) jumping ( ) eventing ( ) dressage ( ) fox  
hunting ( ) Gaming ( ) competitive trail ( ) team penning ( ) lessons ( ) driving  
( )  
other \_\_\_\_\_



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what type of bit is the horse used to being ridden with? \_\_\_\_\_

What type of saddle \_\_\_\_\_

Any special equipment needed? \_\_\_\_\_

Does this horse know ( ) walk ( ) trot ( ) canter ( ) Stop ( ) Back

Can this animal be ridden alone? ( ) yes ( ) no Comments \_\_\_\_\_

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What level rider can this animal handle ( ) Novice ( ) intermediate ( ) experienced  
( ) advanced ( ) other \_\_\_\_\_

How long have you owned this animal \_\_\_\_\_

Why do you wish to donate this animal \_\_\_\_\_

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Does this clip? ( ) yes ( ) no ( ) legs ( ) ears ( ) face ( ) body

Does this horse cross tie? ( ) yes ( ) no

What type of trailer is the animal used to ( ) stock ( ) van ( ) step up ( ) other \_\_\_\_\_

Omega \_\_\_\_\_  
Comments \_\_\_\_\_

Please offer any additional information that you feel is important relating to this animal :



# Omega Horse Rescue

and Rehabilitation Center

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www.omegahorserescue.com

## Animal Donation Agreement

Vaccinations Received: \_\_\_\_\_ Date \_\_\_\_\_

Coggins ( ) Yes ( ) No Worming: \_\_\_\_\_ Date \_\_\_\_\_

Any special medications the animal is on? \_\_\_\_\_

How often? \_\_\_\_\_ How much? \_\_\_\_\_

Any special supplements? \_\_\_\_\_

How often? \_\_\_\_\_ How much? \_\_\_\_\_

Type of feed \_\_\_\_\_

How often? \_\_\_\_\_ How much? \_\_\_\_\_

Type of Hay \_\_\_\_\_ Pasture grass? \_\_\_\_\_

How often? \_\_\_\_\_ How much? \_\_\_\_\_

Does this animal need shoes? ( ) Yes ( ) No ( ) front ( ) back

What type of shoes? \_\_\_\_\_ How often? \_\_\_\_\_

Can this horse be bearfoot? ( ) yes ( ) No Any special shoeing needs ( ) yes

( ) no please explain if yes \_\_\_\_\_

Does the animal listen well for it feet to be worked on ( ) yes ( ) no Please explain

If no \_\_\_\_\_

Comments:

**Thank you for taking the time to complete these forms, this information is a vital key to assist the rescue in the care that your animal needs and will aid in finding your horse a new family.**