



TAKE THE LEAD Thoroughbred Retirement Program

Sponsored by the New York Thoroughbred Horsemen's Association

P.O. Box 21028 • Floral Park, NY 11002

Contact: Rick Schosberg (516) 528-1360 or Andy Belfiore (732) 673-2855

Email: ttlhorse@gmail.com Fax Number: (888) 478-2042

HORSE INTAKE FORM

Owner(s) _____ Date _____

Address _____

Phone # _____ Email Address _____

Trainer _____ Phone # _____

Veterinarian _____ Phone # _____

Name of Horse _____ Tattoo # _____

Currently Stabled at _____ Barn # _____ Stall # _____

Year of Birth _____ Sex _____ Color _____ Height _____

Date, Track and Finish of Last Race _____

Why is the horse being retired? _____

Is the horse on any medication? _____

Current Medications/Dosage _____

Current Vaccinations/Dates _____

Injury Report (past and current) _____

Provide a brief description of the horse's personality, manners and vices on the track and in the barn/stall:

Signature _____ Date: _____

THE RETIRING RACEHORSE MUST UNDERGO A VETERINARY EVALUATION AND BE APPROVED AS SUITABLE FOR A SECOND CAREER TO BE ACCEPTED INTO THE TAKE THE LEAD PROGRAM