



**Last Chance Ranch Animal Rescue**

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**EQUINE BIO FORM**

*Please fill out the following so we can better understand your horse to match him appropriately with the correct environment and family.*

1. Owner's Name  
Address  
City, State, Zip  
Home Phone  
Work Phone  
E-mail address
  
2. Horse's name  
Nickname  
Breed  
Age    Sex  
Height  
Weight  
Color  
Markings
  
3. Horse's current home  
  
Farm Name  
Address  
City, State, Zip  
Barn Phone  
Farm Owner
  
4. Date the horse is available  
Please explain:
  
5. Is the horse sound?  
Please explain:
  
6. Current Veterinarian, Farrier, Equine Dentist  
  

Veterinarian	Phone
Farrier	Phone
Equine Dentist	
  
7. Date current coggins administered
  
8. Date current vaccinations administered
  
9. Medication/supplements the horse is currently taking, and the dosage

10. Has the horse ever worn corrective shoes?  
Please explain:
11. Has the horse ever had surgery?
12. Has the horse ever had colic?
13. Is the horse completely halter broke?
14. What is the degree of schooling the horse has had to date?

15. Please check all that apply:

This horse will/is

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Stand tied          | <input type="checkbox"/> Stand in cross ties   | <input type="checkbox"/> Kick               |
| <input type="checkbox"/> Walk with you       | <input type="checkbox"/> Come when called      | <input type="checkbox"/> Strike             |
| <input type="checkbox"/> Bite                | <input type="checkbox"/> Load/unload           | <input type="checkbox"/> Well Mannered      |
| <input type="checkbox"/> Crib                | <input type="checkbox"/> Know leads            | <input type="checkbox"/> Easily trained     |
| <input type="checkbox"/> Good w/other horses | <input type="checkbox"/> Child safe            | <input type="checkbox"/> Picks up feet      |
| <input type="checkbox"/> Good w/vet          | <input type="checkbox"/> Bucks                 | <input type="checkbox"/> Spooks easily      |
| <input type="checkbox"/> Has foundered       | <input type="checkbox"/> Jumps                 | <input type="checkbox"/> Has coliced        |
| <input type="checkbox"/> laid back           | <input type="checkbox"/> Has had navicular pbs | <input type="checkbox"/> Has had stifle pbs |
| <input type="checkbox"/> Gaited              | <input type="checkbox"/> Likes people          | <input type="checkbox"/> Sensitive skinned  |
| <input type="checkbox"/> Clumsy              | <input type="checkbox"/> Clips                 | <input type="checkbox"/> Bathes             |
| <input type="checkbox"/> Sensitive feet      | <input type="checkbox"/> Even tempered         | <input type="checkbox"/> Arthritic          |
| <input type="checkbox"/> Good alone          | <input type="checkbox"/> Needs companion       | <input type="checkbox"/> Longes             |
| <input type="checkbox"/> Trained to ride     | <input type="checkbox"/> Trained English       | <input type="checkbox"/> Trained Western    |
| <input type="checkbox"/> Good in stall       | <input type="checkbox"/> Drives                | <input type="checkbox"/> Fully halter broke |

Additional Comments:

#1  
#2  
#3

**#4**

**#5**

**#6**

16. Has the horse ever had a virus/disease?
17. Is the horse sensitive to specific weather (i.e. sun, cold)?
18. Has the horse ever been lame?  
Please explain:
19. Does the horse have any sensitive areas on its body?
20. Has the horse ever had a prolonged illness/injury (more than 30 days)?
21. What was horse's useful purpose before being placed up for adoption (his "job")?
  
22. What type of shoes work best with this horse?
  
23. Are back feet usually shod?
24. Please complete the following information:  
  
Date last ridden  
Problems?  
  
Date last worked  
  
Date sheath last cleaned  
  
Date teeth last floated  
  
Type/size of bit used  
  
Type of saddle used  
  
Type of bridle used  
  
Use of additional equipment
25. Does the horse have any known allergies?
26. Does the horse have a history of hives?

