

# **SECOND CALL FUND**

**c/o The Turf Paradise Foundation  
Finding Second Careers for Retired Racehorses  
1501 West Bell Road  
Phoenix, AZ 85023  
602.942.3336**

## **Intake Report**

### **Identification of horse**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ per papers \_\_\_\_\_ per vet \_\_\_\_\_  
Sex: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Markings: \_\_\_\_\_  
Tattoo: \_\_\_\_\_  
Registration (if applicable): \_\_\_\_\_ Height: \_\_\_\_\_ (Hands)  
Arizona Hauling card no: \_\_\_\_\_ Weight: \_\_\_\_\_ (Estimated)

### **Description**

Date of Injury: \_\_\_\_\_ Track/Race # \_\_\_\_\_  
Injury Reported: \_\_\_\_\_ Trainer \_\_\_\_\_  
Observed health of horse: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of any known injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavior, disposition, attitude toward children or things we should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of all tack or other donations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Health History**

Name of veterinarian: \_\_\_\_\_  
Date of Vaccinations: \_\_\_\_\_  
Name of farrier & date of last trimming: \_\_\_\_\_  
Name of wormer used & last date of treatment: \_\_\_\_\_  
Date of West Nile Vaccination: \_\_\_\_\_

Donor(s) of Horse: \_\_\_\_\_

Signature(s) of Donor(s): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

*The Second Call Fund c/o The Turf Paradise Foundation is a registered 501c3 charity.*