WILD HORSE AND BURRO COMPLIANCE CHECKLIST FOR PHONE CONTACTS

Adopter Name: _____ Address: _____

City/Street/Zip: _____
Change: Y N

Phones: Home _____ Business _____
Change: Y N

Freezemark: _____ Signalment Key: _____

Facility Arrangements: _____

(Shelter, Fence height)

Opportunity to Work with the Horse/Burro (i.e., haltered, saddled, hauled in trailer, riding):

_____

_____

Health of Horse/Burro:
Diseases since adoption: _____

Injuries since adoption: _____

Vaccination and deworming program: _____

Hoof care: _____

Performed by: Vet _____ Farrier _____

Physical Condition (weight, rib, backbone, coat): _____

_____

Feed/Water provided: _____

Comments:_____

_____

_____

_____

_____

Conducted by:_____ Date:_____

Title:_____