

## TRRAC Thoroughbred Aftercare VETERINARIAN REFERENCE FORM

This form is to be completed by the applicant's licensed veterinarian. The form will not be accepted unless it is signed and dated by the applicant's veterinarian.

Your client has applied for an off-track thoroughbred from a registered 501(c)3 non-profit thoroughbred aftercare program. As per organization policy, we require a written veterinarian recommendation of good standing to complete the client's application and finalize the adoption process. Please complete the form to the best of your knowledge.

Forms are to be returned by the veterinarian's office directly to TRRAC@OTTBS.ORG

Answers on this referral are kept confidential and never released to the client.

Client's Full Name:

Completing Veterinarian Name

Practice Name

Veterinarian Phone Number

Total horses owned by client & serviced by your practice:

Does you client practice good general health and wellness checks including deworming, dental care, nutrition, and yearly vaccinations?

YES \_\_\_\_\_ NO \_\_\_\_\_

If No, explain: \_\_\_\_\_

Is your client in good standing with your practice? Are you able to provide emergency care in the event of an emergency?

YES \_\_\_\_\_ NO \_\_\_\_\_

If No, explain: \_\_\_\_\_

Do your client's horses appear to be in good physical condition?
YES NO
If No, explain:
Date of last veterinarian visit to client://
Are any horses owned by your client thoroughbreds?
YES NO
Do you have any additional comments or concerns regarding your referral for application to adopt an off-track thoroughbred?
Explain:

I, \_\_\_\_\_\_ hereby attest my referral and recommendations as stated above are true and presented to the best of my knowledge for adoption of an off-track thoroughbred from an aftercare organization.

Veterinarian Signature:	Date Signed:
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Thank you for taking the time to complete this referral of recommendation. We take the health and safety of our retired racehorses seriously and strive to place each horse in an appropriate and safe home.