

# Equine Donation Checklist

Date:

**Please complete the following questionnaire for each horse donated**

|   |  |
|---|--|
| <b>Donators Name</b>  |  |
| <b>Equine Name</b>  |  |
| <b>Breed/Color/Distinguishing Marks</b>                               |  |
| <b>Age</b>  |  |
| <b>Coggins And Vaccinations Up To Date?</b>                           |  |
| <b>Due Dates of Coggins and/or Vaccinations</b>                       |  |
| <b>Level Of Training</b>  |  |
| <b>Describe Animal's Ability To Be Ridden</b>                         |  |
| <b>Known Vices</b>  |  |
| <b>Describe Any Known Soundness Issues</b>                            |  |
| <b>Describe Any Known Physical Ailments And/Or Chronic Conditions</b> |  |
| <b>Any other Pertinent Information Required</b>                       |  |