

LRTC Adoption Program

Short Term Care Summary

Animal Name: _____

ID Number: _____

Fostered by: _____

Address

Phone

Email

Date of arrival: _____

Horse's Name: _____ Age: _____

Description: _____

Health Condition: _____

Date of last Coggins: _____

Date & type of last Vaccinations: _____

Date of last Worming: _____ Date of last Vet Exam: _____

Date Departed/Adopted: _____

Adoption Fee \$ _____ Paid by: Check # _____ Cash Money Order

Compliance Date: _____ Inspected by: _____

Adopter-s Name: _____

Adopter-s Address

Adopters Phone Number

Adopter's Email Address

Foster Caretaker Signature