



Gulfstream Park Thoroughbred Transition Program

Gulfstream Park Racetrack

901 S. Federal Hwy., Hallandale, FL 33009

Email: Raina.Gunderson@gulfstreampark.com Telephone Number: (954) 682-1294

HORSE INTAKE FORM

Owner(s) _____ Date _____

Address _____

Phone # _____ Email Address _____

Trainer _____ Phone # _____

Veterinarian _____ Phone # _____

Name of Horse _____ Tattoo # _____

Currently Stabled at _____ Barn # _____ Stall # _____

Year of Birth _____ Sex _____ Color _____ Height _____

Date, Track and Finish of Last Race _____

Why is the horse being retired? _____

Is the horse on any medication? _____

Joint Injections in the Last 30 Days (Provide Date/Joint(s)/Medication Used) _____

Current Medications/Dosage _____

Current Vaccinations/Dates _____

Injury Report (past and current) _____

Provide a brief description of the horse's personality, manners and vices on the track and in the barn/stall:

Signature _____ Date: _____

THE RETIRING RACEHORSE MUST UNDERGO A VETERINARY EVALUATION AND BE APPROVED AS SUITABLE FOR A SECOND CAREER TO BE ACCEPTED INTO THE GPTTP PROGRAM



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VETERINARY REPORT FORM

Veterinarian _____ Phone # _____

Name of Horse _____ Tattoo # _____

Trainer _____ Phone # _____

Date of Exam _____

Soundness Evaluation _____

Is the horse on any medication? _____

Current Medications/Dosage _____

Injuries/Illnesses _____

X-Rays/Ultrasounds (Dates) _____

Prior Surgeries (Dates) _____

Condition of Eyes, Mouth, Skin, Hooves _____

Follow-up Recommendations _____