



VEWS Owner Surrender Pre-Assessment Form

Please complete the below questionnaire with as much detail, accuracy, and honesty as possible. Gathering this information will be crucial for the Virginia Equine Welfare Society (VEWS) to provide the very best care for your horse(s).

OWNER'S CONTACT INFORMATION:

Full Name *

First Name

Last Name

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number *

E-mail *

YOUR EQUINE'S INFORMATION

EQUINE'S NAME: *

EQUINE'S LOCATION *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

EQUINE GENDER *

Mare

Gelding

Equine Breed/Type:

Equine's Age (or best approximation) *

Previous Effort(s) Made to Transition Equine:

I. DIET

Number of Meals per Day:

Amount per Meal:

Brand/Type of Feed:

Is Feed Soaked?

Yes

No

Supplements (List types, amounts, frequencies):

Do Nutritional Needs Change Seasonally?

Yes

No

If nutritional needs change seasonally, how?

Any other dietary considerations?

I. MEDICAL

Medical Condition(s):

Lameness Issue(s):

Medication(s) (List type, dose, schedule, oral/feed administration, etc):

Any other medical considerations?

I. VET/VACCINES

Should VEWS choose to accept your horse(s), you will need to give your veterinarian permission to release all medical records including x-rays to us and to answer any questions should we need to call*

Veterinarian Name:

Veterinarian Phone:

Please enter a valid phone number.

Last Vet Exam Date:

Month Day Year

Reason for Last Vet Exam:

Coggins Updated?

YES

NO

If yes, when was the last Coggins?

Month Day Year

Vaccinations in the last 12 months?

None

Encephalomyelitis EEE/WEE

Encephalomyelitis VEE

Influenza

Rabies
Rhinopneumonitis
Tetanus
West Nile Virus
Potomac Horse Fever

List any testing, labs or images your vet has done:

I. DENTIST

Dentist Name:

Dentist Phone:

Please enter a valid phone number.

Last Dental Float:

Month Day Year

Any other dentistry considerations?

I. FARRIER

Farrier Name:

Farrier Phone:

Please enter a valid phone number.

What are the equine's farrier needs:

- Barefoot
- Front Shoes
- Four Shoes

Last Trim Date

Month Day Year

Trim Schedule:

Any other farrier considerations?

I. DEWORMING

Last Deworming Date?

Month Day Year

Dewormed with?

Deworming Type:

- Fecal-Based
- Rotational/Fixed Schedule
- Other

Deworming Schedule:

I. LIVING SITUATION

Where does your equine primarily live?

- Field
- Stall
- Combination of Field/Stall

Daily Turnout Time:

Turned out with other equines?

- Yes
- No

Herd Type?

- Mares
- Geldings
- Mixed

Is your equine?

- Submissive
- Neutral
- Dominant
- Aggressive

I. BEHAVIOR

Check all behavioral skills that apply to your equine, please leave blank if unsure:

- Loads/Unloads from Trailer
- Accepts Fly Spray
- Good for Farrier

Good for Shots
Good for Baths
Straight Ties
Good for Orals
Cross-Ties
Good for Veterinarian
Other

Does your equine have any of the following vice behaviors?

Kicks
Cribs
Rears
Weaves
Herd-Bound
Strikes
Paws
Bites
Bolts
Studdish
Other

Is your Equine:

Rideable & Trained
Rideable but Untrained
Companion Only
Other

What was your equine's past career(s)?

Is your equine still being ridden?:

Yes
No

Trained to drive?:

Yes
No

How long since last ridden?

Why is your equine no longer ridden?

Please include any other information about your equine that you feel is important: