



Equine Rescue League of Southern Indiana, Inc.

5318 Blue Ridge Road
Charlestown, IN 47111
812-293-4077
812-256-2822

One Year Veterinarian Evaluation

Adopter's Information:

Name: _____

Address: _____

Home phone: _____ Work phone: _____

Email address: _____

Veterinarian's Information:

Name: _____

Address: _____

Home phone: _____ Work phone: _____

Email address: _____

Equine's Information:

ERLSI Registration Number _____

Name: _____

Age: _____ Breed: _____ Color: _____

Markings: _____

Weight: _____ Height: _____ Sex: _____

Does this equine have any lameness problems? If so, please describe:

Does this equine have any health problems? If so, please describe:

If this equine is female, is she pregnant? _____

Describe the overall condition of the horse:

Do you feel this horse's needs are being adequately met? If not, why?

Signature of veterinarian

Date

ERLSI Use Only

Adopter has met all ERLSI criteria for the one year period and is granted full ownership of this equine.

ERLSI Representative Date

Adopter has not met all ERLSI criteria. Equine will be removed from adopter's premises and returned to ERLSI on _____, 20____.

ERLSI Representative Date

Please return this original document to:

Equine Rescue League of Southern Indiana, Inc.
c/o Linda Leibson
7010 Dave Carr Rd
Charlestown, IN 47111