



# 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?

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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.

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ERLSI Representative Date

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

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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