



STANDARD BRED ASSOCIATION OF QLD INC HORSE PLACEMENT PROGRAM - HORSE REQUIRING HOME

Enquiries: Melissa Lewin 07 5464 5530
horseplacement@saq.com.au

PLEASE RETURN FORM TO:
SAQ Inc Horse Placements
PO Box 348
Rosewood QLD 4340

DATE: _____

PERSON REQUESTING HORSE PLACEMENT / SALE ASSISTANCE

The Primary role of our program is to assist with the placement of retiring Harness Race Horses, or horses that have not made the grade to race. The SAQ Inc can also assist with the sale of privately owned pleasure horses with an asking price of no more than \$1,000.

Owners Name : _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Are you the Owner ___ Trainer ___ Other: _____

If you are not the owner, please supply the name and phone number of the owner:

Are you authorised to find a new home for this horse?: _____

Signature: _____

INFORMATION ON THE HORSE REQUIRING PLACEMENT / SALE

Registered name _____ Brand Number _____

Age _____ Mare ___ Gelding ___ Colour _____ Approx size _____ hh

If broodmare, number of foals _____ Date last bred _____

Raced: Yes ___ No ___ Trained Only ___ Pacer ___ Trotter ___

If Raced, how long?: _____ Starts: _____

Has this horse been ridden? Yes ___ No ___ If yes, Please describe extent of ridden work
the horse has done: _____

Vaccinations

Tetanus/Strangles Date _____ Other, please specify _____

Worming

Date of last worming _____ Product _____

Disposition of Horse

Is the horse well mannered in the following situations:

handling ___ feeding ___ worming ___ to drive ___ to ride ___ farrier ___ floating ___

Please describe any situations in which the horse might be hard to handle.

Why is this horse no longer able to be raced? _____

Does this horse have any injury or condition that might limit its usefulness as a recreational horse? Yes _____ No _____

If yes, please provide details. _____

Does this horse require any rehabilitation prior to retraining for pleasure use? Yes ___ No ___

If yes, please provide estimated length of time required for rehab. _____

In your opinion, what do you think the use, recommendations, & limitations of this horse are?

We have limited foster care homes, is it necessary to move this horse into a home before adoption? Yes ___ No ___ If so by what date? _____

Please indicate present location of horse. _____

Do you require the horse to have 2 X 6 monthly Health and Well Being Checks during it's first year with Adoptee? Yes _____ No _____

Do you wish to receive updates on the horses progress? Yes _____ No _____

If Yes, how often would you like contact made? _____

Is the horse available for a Free Placement _____ or Sale _____

If it is for sale what is the price wanted : \$ _____

PLEASE SEND DIGITAL OR PRINTED PHOTO IF POSSIBLE TO GO ONTO INTERNET.

I do hereby declare that the above information is to the best of my knowledge true & accurate.

Owners/Authorised Agents Signature

_____ Date _____