



Horse Education & Rescue Organization, Inc
PO Box 17514, Winston-Salem, NC 27116
www.heroequinerescue.org

Equine Initial Assessment and Intake

Date: _____ Intake ID #: _____

Assessment Team Member(s): _____

Equine Owner Name(s): _____

Address: _____

Phone: _____ NCDL#: _____

Email: _____

Equine Name: _____ BCS (est.): _____

Physical address of equine: _____

Horse/Pony/Mini/Mule/Donkey Mare /Gelding/Stallion

Age: _____ Breed: _____ Color: _____

Markings/scars/brand/whorls/MC#: _____

Attitude: BAR ___ QAR ___ Distressed ___ Lethargic ___

General Condition: Coat Condition:___ Eyes:___ Nose:___ Coughing ___ Sneezing ___

Stool: Loose/Firm Temp:___ Pulse:___ Respiration:___ Skin turgor:___ Manure:___

Gait: _____

Appetite _____ Type of grain:_____ Hay:_____

Injuries: Yes/No If yes, date of injury:_____

Injury description: _____

Treatment of injury: _____

Hooves - Current condition: _____

Last farrier visit: _____

Farrier name & phone: _____

Vaccines: _____

(type of vaccine & date given)

Deworming Date: _____ Product _____

Dental Care: Yes/No Veterinarian Name: _____

Health conditions currently being treated, (if any) _____

Current medications: _____

Veterinarian: _____

Additional notes: _____

Reason for assistance request: _____

Who is requesting assistance: _____

Is this a case for education assistance: Yes/No

Is this a short term issue: Yes/No

Can the equine be sheltered in place: Yes/No

Assistance/supplies/equipment needed for shelter in place: _____

Agency requesting assistance: _____

Animal Control seizure: Yes/No Agency Name: _____

ACO printed name: _____

ACO signature: _____ Date: _____

It was explained that we can ONLY hold seized equine for 72 hours! ACO Initials: _____

Owner surrender: Yes/No

Owner signature: _____ Date: _____

Witness printed name: _____

Witness signature: _____ Date: _____

Intake Assessment Team member signature(s): _____

Additional comments: _____