

Ontario Standardbred Adoption Society
Box 297, 36 Main Street, Campbellville, ON LOP 1B0
ADMINISTRATION: 905-854-6099 Fax: 905-854-6100 Email: osasadmin@bellnet.ca

Web: www.osas.ca

## **GUARDIAN FOLLOW-UP FORM**

To be completed for any contact (phone call or visit) with adoptive owners (please mail, email or fax to the office after each contact)

Horses' Name:	Tattoo/Freezebrand:
Adoptive Owner Info	rmation:
(Name/Address)	
Location of Visit: (S	ame as above address or boarding location)
Contact Date:Reason for Contact:	by phone □ personal visit □ requested by OSAS □ regular scheduled visit □ other □
	Please submit current photos for our records.
INFORMATION TO O What is the horse bein	BTAIN:  ng used for?
Are they enjoying the	horse? Yes  No Concerns:
Last vaccination date?	·
Last deworming date?	
Last shod date? Do the feet look good?	? Yes □ No □ Concerns:
Is the horse fitting in w	vell? Yes □ No □ Concerns:
	OF CONCERNS: ms? Yes □ No □ Concerns:
Any feed or weight pro	oblems? Yes   No  Concerns:
Any medical problems	or injuries? Yes   No  Concerns:
Any training problems	? Yes   No Concerns:
Do the owners need a	ny help or information that we can provide? Yes □ No □
Overall opinion of hea	Ith/emotional/housing (welfare) of horse: Great □ Satisfactory □ Not Satisfactory □
GUARDIAN NAME: (p Address:	lease print)