

People & Animal Learning Services (PALS)

Retirement/Removal from PALS Programs

Horse's Name: _____

Age: _____ Height: _____ Weight: _____ Sex: _____

Breed: _____ Color: _____ Markings: _____

Is horse owned by PALS? Yes No: _____

Reason horse is being considered for retirement:

Health Injury/Lameness Behavior Other

Please explain: _____

Has the veterinarian been consulted? Yes No N/A

Has the farrier been consulted (hoof/leg issues)? Yes No N/A

Other consultations: _____

For the welfare of the horse, are they being considered for euthanasia at this time? Yes No
If yes, please explain: _____

PALS assures all measures have been taken to keep horse in good health and safe for all involved in our programs. Horse's donor will be contacted and given first rights of refusal to take back said horse. If donor is not able/willing to take back horse, PALS will then reach out to staff, volunteers, clients, and our community to assure an appropriate retirement home is found.

Staff Name: _____ Position: _____

Staff Signature: _____ Date: _____

(Must be completed by Program Director or Executive Director)

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