

Rehome an Equine

Although we update our website regularly with our equines who are ready to find a home, please fill in a form even if there is not a horse that fits you rehoming requirements on our website as we often have horses in the preparation stage who may end up being a perfect match!

I am looking for a
Companion In-hand Competition Lead Rein Pony Ridden Allrounder Ridden Hacking Ridden Competition If applicable, name of Equine you are interested in
Trapplicable, harrie of Equitie you are interested in
Personal Details
Title
First Name
Last Name
Address
Post Code
Telephone
E-mail Address
I confirm that I am over 18 years old:
Have you been responsible for the day-to-day care of a horse before? Yes \Box No \Box
If yes, please tick the appropriate box below: I currently own/loan a horse I have previously owned or loaned a horse I have had a share of a horse I have helped with other people's horses I have worked with/currently work with horses Other (please specify on next page)
Please give details of your experience

If requesting a ridden equine for yourself or a your/their ridden experience:	i family member. Please give details of
☐ Walk and Trot on lead rein	☐ Ridden in competition
☐ Walk, Trot and Canter in an arena	☐ Ridden young/green horses
☐ Walk, Trot and Canter in an open space	☐ Experienced Hacker
☐ Jump up to 60cm	☐ Pleasure Rider
☐ Jump up to 80cm	☐ Schooling horses
☐ Jump over 80cm	☐ Other (please specify below)
Please give any further details of your ridden	experience
Equine Facilities	
Type of premises (livery yard, small holding, a	mount of land etc.):
Facilities (stables, arena, horse walker, turn o	ut etc.):
Able to restrict grazing? Yes \square No \square	
Other Equines/Animals onsite? If so, please lis	st and give details:
Will the horse ever be left alone without com	panionship? Yes 🔲 No 🔲

Please give details of the veterinary practise you will be using (name, address, number): Please give details of the farrier (must be registered with Farriers Registration council) or Barefoot Trimmer (must be carrying an Equine Podiatry qualification): If using an Equine Dentist independent from your veterinary practise (must be a BAEDT	Additional notes:
Please give details of the veterinary practise you will be using (name, address, number): Please give details of the farrier (must be registered with Farriers Registration council) or Barefoot Trimmer (must be carrying an Equine Podiatry qualification): If using an Equine Dentist independent from your veterinary practise (must be a BAEDT	
Please give details of the veterinary practise you will be using (name, address, number): Please give details of the farrier (must be registered with Farriers Registration council) or Barefoot Trimmer (must be carrying an Equine Podiatry qualification): If using an Equine Dentist independent from your veterinary practise (must be a BAEDT	
Please give details of the veterinary practise you will be using (name, address, number): Please give details of the farrier (must be registered with Farriers Registration council) or Barefoot Trimmer (must be carrying an Equine Podiatry qualification): If using an Equine Dentist independent from your veterinary practise (must be a BAEDT	
Please give details of the veterinary practise you will be using (name, address, number): Please give details of the farrier (must be registered with Farriers Registration council) or Barefoot Trimmer (must be carrying an Equine Podiatry qualification): If using an Equine Dentist independent from your veterinary practise (must be a BAEDT	
Please give details of the veterinary practise you will be using (name, address, number): Please give details of the farrier (must be registered with Farriers Registration council) or Barefoot Trimmer (must be carrying an Equine Podiatry qualification): If using an Equine Dentist independent from your veterinary practise (must be a BAEDT	
Please give details of the veterinary practise you will be using (name, address, number): Please give details of the farrier (must be registered with Farriers Registration council) or Barefoot Trimmer (must be carrying an Equine Podiatry qualification): If using an Equine Dentist independent from your veterinary practise (must be a BAEDT	Do you have transport if you were to rehome an equine?
Please give details of the farrier (must be registered with Farriers Registration council) or Barefoot Trimmer (must be carrying an Equine Podiatry qualification): If using an Equine Dentist independent from your veterinary practise (must be a BAEDT	Yes No Will organise transport
or Barefoot Trimmer (must be carrying an Equine Podiatry qualification): If using an Equine Dentist independent from your veterinary practise (must be a BAEDT	Please give details of the veterinary practise you will be using (name, address, number):
or Barefoot Trimmer (must be carrying an Equine Podiatry qualification): If using an Equine Dentist independent from your veterinary practise (must be a BAEDT	
or Barefoot Trimmer (must be carrying an Equine Podiatry qualification): If using an Equine Dentist independent from your veterinary practise (must be a BAEDT	
or Barefoot Trimmer (must be carrying an Equine Podiatry qualification): If using an Equine Dentist independent from your veterinary practise (must be a BAEDT	
or Barefoot Trimmer (must be carrying an Equine Podiatry qualification): If using an Equine Dentist independent from your veterinary practise (must be a BAEDT	
If using an Equine Dentist independent from your veterinary practise (must be a BAEDT	Please give details of the farrier (must be registered with Farriers Registration council) or Barefoot Trimmer (must be carrying an Equipe Podiatry qualification):
	Darenoot minimer (mast be earlying an Equine rodiatry qualification).
	If using an Equipo Dentist independent from vour votorinary practice (must be a DAEDT
	member or equivalent), please give details below:

Please opt in today	- we can achieve n	nore by staying in touch!
Please tick $$ the box	es below to tell us how you	would prefer to hear from us:
es! I would like to receive communi		please provide your name and email address):
es! I would like to receive communi	ications by post	please provide your postal address below):
CS. I Would like to receive committee	Callelle B / Post	
Name:	· ·	

Privacy statement:

To ensure the privacy of our contacts is highly protected, we keep our supporters' details secure, and we never sell data. This data will be kept to support your application.

> Oak Tree Farm, Wetheral Shields, Carlisle CA4 8JA Tel: 01228 560082 | www.oaktreeanimals.org.uk

