



SECOND WIND ADOPTION PROGRAM

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Subject: Annual Follow Up Form

Dear SWAP Friends:,

As adopters, we are all obligated to the Second Wind Adoption Program and the original horse donor/owner for annual written updates on each of the adoption horses that we have. We would like to request that these be sent every June. The items listed below should be included with this annual follow up form.

- A picture of the both sides, back and front view of the horse (taken the last 90 days, outside in the sun, with the entire horse in view)
- A picture of the horse with the adopted family or person (a family photo, all photos sent will be released for SWAP program promotional use)
- A copy of a current coggins test (according to your state laws).
- A copy of the Veterinary records or death certificate if the horse was hospitalized or had any long term illness or injury, died or was put down during the past year.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Today's Date _____

Horses Registered Name _____

Barn Name (According to SWAP Records) _____

What you call the horse on a daily basis _____

Sex _____ Color _____ Breed _____

Adopter's full name, complete address, phone numbers and email address:

**HEALTH & GROWTH RECORD (SHOW DATES OF SHOTS, FARRIER, DENTAL,
DEWORMING)**

| | 2004 | 2005 | 2005 | 2006 |
|---------------------------|-------------|-------------|-------------|-------------|
| COGGINS TEST (EIA) | _____ | _____ | _____ | _____ |
| EEE-WEE-VEE | _____ | _____ | _____ | _____ |
| RHINOPNEUMONITIS | _____ | _____ | _____ | _____ |
| INFLUENZA | _____ | _____ | _____ | _____ |
| STRANGLES | _____ | _____ | _____ | _____ |
| RABIES | _____ | _____ | _____ | _____ |
| TETANUS | _____ | _____ | _____ | _____ |
| POTOMAC FEVER | _____ | _____ | _____ | _____ |
| WEST NILE | _____ | _____ | _____ | _____ |
| BOTULISM | _____ | _____ | _____ | _____ |
| DE-WORMING | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| TEETH FLOATED | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| FARRIER CARE | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| MEASURED WEIGHT | _____ | _____ | _____ | _____ |
| MEASURED HEIGHT | _____ | _____ | _____ | _____ |

CURRENT DAILY FEED (BRAND, AMOUNT IN WEIGHT OR QUARTS, LIST BOTH GRAIN AND HAY:

Write out the full address where the horse is currently kept, point of contact if boarding, email address & phone number:

Is this a change from what is stated on your adoption application/contract or last facilities form? _____

Has there been any change in the adopter's financial or personal situation that would risk the level of care of the horse? Still employed and married (if the applicant depends on the spouse's income to care for the horse?)

How much time is spent with the horse on a daily basis? _____

How often is the horse being ridden or driven? _____

Has there been any changes in the horse, for example physically, mentally, emotionally, shown weaknesses or strengths, castration, pregnancy and foaling or loss of foal, been bred, has been registered, shown or competed, etc.

Does the horse have a covered shed or barn that is used daily to get out of the weather? barn _____ run in shed _____

How many acres of flat cleared pasture land is the horse kept on?

How many horses share this shed/barn? _____ How big is the shed/barn? _____

Are the horse's surroundings clean and free of obstacles that could hurt the horse? _____

Does the horse have at least 20 gallons of fresh water each day from buckets or regularly cleaned out troughs? _____

Is the horse current on its annual shots (all shots completed within 12 months)? Is the horse being de-wormed every 60 days? Are the horses feet trimmed or shod every 60 days by a school trained farrier? _____

Has the horse had its teeth floated by an school trained equine dentist that specializes in dentistry in the last year? _____

Please explain any areas that may be an issue with the adoption horse (training, not keeping weight on (showing any ribs or hip bones), not being ridden, lameness, illness, accidents, not working out within the group or family, too much horse, not enough horse, rider not trained and can't get trained, no time for the horse or no money to keep the horse):

The horse's tail, mane, legs or feet have/have not not been unnaturally altered for competing/showing or cut except for health reasons (clipping a bridle path, pulling the mane and cutting the tail hair for certain disciplines is acceptable). Unnatural means of shoeing, excessive use of weights, setting tails by cutting ligaments, use of ginger, fire extinguishers, whips, soreing, nerving, drugging, tying horses tail to their head for biting, injections or butting to be able to ride or compete has never been done, to include caneing with hunter/jumpers. No use of pain, or excessive use of force to train, compete or show horses has ever been used with my adoption horse. True False, if false, please explain in full.

This request is not meant to be harassing to any adopter in any way but just to insure good continued care of all of our adoption horses and the continued success of each adoption horse in their adoptive home. We are pleased to announce that as of the end of 2003 and since the programs beginning in 1998, we have placed nearly 1000 horses of 60 different breeds into good homes all over

the US and in Canada. These homes are meant to last a lifetime, this form helps us do just that, to continue our quality control and the life long commitment we made to the horse and the original owner of the horse. We're proud to have each of you as part of our family and hope that your adoption horse has become an important part of your family. If you have any questions or concerns about your adoption horse or your adoption contract, please feel free to contact us at the above listed phone numbers or e-mail address. Thank you all for being such great friends, adopters, animal lovers and care takers, for your continued loyalty to your equine friend and cooperation with this matter.

This Annual Update is accurate and true to the best of my ability.

Adopter Full Name and Signature

Date

This adoption horse (described above) is/is not at good weight, is located at the adopter's facility listed above, is healthy and up to date on all health care.

Veterinary Full Name, Phone Number and Signature

Date

Additional Comments from the adopter, vet, farrier or equine dentist:

Second Wind Adoption Program

"Where Dreams Become a Reality, See the Vision,..... Live the Dream"