



**MARYLAND EQUINE  
TRANSITION SERVICE**

**Owner Assistance Application Form**

**Owner Contact Information**

Name	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

**Assistance Information**

How many total horses do you have? \_\_\_\_ Of the total, how many are in need of assistance? \_\_\_\_

What type of assistance do you need? (Check all that apply.)

\_\_\_\_ Rehoming                      \_\_\_\_ Marketing (\$\_\_\_\_\_)                      \_\_\_\_ Euthanasia  
\_\_\_\_ Short-term resources to enable me to keep my horse(s).                      \_\_\_\_ Castration  
\_\_\_\_ Other: \_\_\_\_\_

Reason(s) for needing assistance:

Do you have a deadline by which you need the above assistance?  Yes                       No

If yes, please state here:

Other information you feel METS should know:

**Please proceed to following pages.**

## Horse Information

Please complete the below information for EACH horse. If you have more than two horses, please copy and paste a chart below or notify the METS Director for assistance.

Registered Name			
Nickname			
Age			
Breed			
Sex			
Height			
Rideable (yes/no)		If yes, what level rider?	
Health/Behavioral Concerns			
Special Needs/Requirements			
Other Important Info			
Facility Name & Phone			
Street Address			
City, State, Zip			

Registered Name			
Nickname			
Age			
Breed			
Sex			
Height			
Rideable (yes/no)		If yes, what level rider?	
Health/Behavioral Concerns			
Special Needs/Requirements			
Other Important Info			
Facility Name & Phone			
Street Address			
City, State, Zip			

### Agreement and Signature

By submitting this application, I affirm that I am at least 18 years of age and that the facts set forth in this document are true and complete. I also confirm that I am the rightful owner of the described horse(s) in this application or that I am acting on behalf of the owner with their full knowledge and permission.

Full Name	
E-Signature	
Date	

### If acting on behalf of the owner, please complete the below:

Name	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for reaching out to METS for assistance. Questions, concerns, or feedback are welcome at [info@mdequinetransition.org](mailto:info@mdequinetransition.org).