



**MARYLAND EQUINE
TRANSITION SERVICE**

METS Application Form – Horse Owners

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 Euthanasia Marketing
 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? (circle one) 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.

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

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

Agreement and Signature

By submitting this application, I affirm that I am over 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 director@mdequinetransition.org.