



MARYLAND EQUINE TRANSITION SERVICE

Application for METS Program Services

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? 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			
Barn Name			
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			
Barn Name			
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 director@mdequinetransition.org.