



**NON-PROFIT ENTITY'S MONTHLY REPORT CARE OF RETIRED TB RACEHORSE**

**MONTH: \_\_\_\_\_ OF YEAR: \_\_\_\_\_**

**ENTITY NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_**

**MANAGER OF FACILITY: \_\_\_\_\_**

**PLEASE ANSWER THE FOLLOWING QUESTIONS FOR THE MONTH:**

**1.TOTAL NUMBER OF OKLAHOMA BRED HORSES IN YOUR CARE: \_\_\_\_\_**

**(PLEASE LIST NAMES OF HORSES)**

- |           |           |
|-----------|-----------|
| 1. _____  | 14. _____ |
| 2. _____  | 15. _____ |
| 3. _____  | 16. _____ |
| 4. _____  | 17. _____ |
| 5. _____  | 18. _____ |
| 6. _____  | 19. _____ |
| 7. _____  | 20. _____ |
| 8. _____  | 21. _____ |
| 9. _____  | 22. _____ |
| 10. _____ | 23. _____ |
| 11. _____ | 24. _____ |
| 12. _____ | 25. _____ |
| 13. _____ |           |

**2.HOW MANY HAVE BEEN ADOPTED? \_\_\_\_\_**

**(Please list out all horses)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**3.NAMES OF HORSES WHO HAVE DIED SINCE LAST REPORT: \_\_\_\_\_**

**COMMENTS:**

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**PRINTED NAME OF MANAGER: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_**