



HERO Project Owner's Questionnaire

If you need assistance with your animals, you may qualify for shelter and feed under the Horse Emergency Response Organization (HERO) Program. Please complete the following questionnaire to help us understand your situation so we can determine the best way to help you. Any items marked with an * must be completed. All information provided is considered confidential and for use only by the receiving agency and its partners. Return this request to your local the animal control agency for more information.

Personal Information

Items marked with an * must be filled out

Name:* _____
Address:* _____
City:* _____ State: * _____ Zip:* _____
E-mail: (if available) _____
Telephone:* _____
Mobile phone: _____

General Information

Please select one or more reasons why you are seeking assistance from the Grace Foundation HERO program. Select all that apply to your situation.

- I am having financial difficulties providing feed for my animal(s) and I am interested in finding out more about the HERO (Homeless Equine Response Organization) Project.
- I am facing foreclosure and can no longer provide a place for my animal(s).
- I would like to place my animal(s) up for adoption.
- I am experiencing training issues with my animals.
- I would like information about your low or no cost veterinary program
- I am not currently experiencing problems with my animals, but would like more information about all of your programs

Please understand that additional personal financial data is required upon signing and delivering the questionnaire to support your participation in the HERO program.

(Data includes latest Tax Returns and/or State Assistance Information)

Information about your Horse (Please fill out one form per animal)

In order to better assist you, please be as detailed as possible.

Description of Animal

Equine: Horse Pony Miniature Horse Mule Donkey Burro
 Other: _____

Equine's Name: _____

Sex: Male Female Colt or Filly with Mare
 Gelding

Breed (if known): _____

If Breed is unknown, provide a complete description of the animal: _____

Height: _____ Approximate Weight: _____

Is the Equine branded? Yes No If Yes, describe brand or tattoo: _____

Condition of hooves: Good Fair Poor Critical (*need immediate help for survival of the animal*)

Last time the horse was trimmed? _____
Behavior of animal during trimming & shoeing? _____

Temperament: Nervous Shy Dominant Friendly Aggressive
 Mellow

Please describe:

Good with children? Yes No Unknown
Prefers men or women? Men Women Doesn't matter

Additional Information: _____

How is the equine used? Pasture Pet Working (*ranch, pack, etc.*) Carriage or Harness
 Pleasure riding Show Racing (*describe below*)
 Other: _____

How often is this horse ridden? Daily Weekly Monthly Other (*Explain*)

Feed What type of feed is currently being provided? Provide types and brands if possible.

Pasture Only Pellets Senior
 Hay (*Include type below*) Supplements (*Identify*)

Amount animal is fed per day: _____

Medical History Do you currently have a veterinarian? (*If yes, provide their name*) YES NO

When was the last time your animal was attended by a Veterinarian?

Date: _____

Reason for visit? _____

Are vaccinations current? Yes No Explain below

Date animal was last vaccinated (*if known*): _____

Does your animal have any other medical conditions? (*Please describe below*)

How was animal acquired? Private Sale Auction Gift Rescue Other (*describe*)

Other Animals:

Type of Animal Cattle Sheep Goat Poultry
 Llama Dog Cat Other _____

Animal's Name: _____

Sex: Male Female Still nursing its mother
 spayed or neutered

Breed (if known): _____

If Breed is unknown, provide a complete description of the animal

Height: _____ Approximate Weight: _____

Is the animal branded or micro chipped? Yes No If Yes, describe brand or tattoo or micro-chip if known: _____

Condition of hooves (if applicable): Good Fair Poor Critical (need immediate help for survival of the animal)

Last time the horse was trimmed? _____

Behavior of animal during trimming & shoeing? _____

Temperament: Nervous Shy Dominant Friendly Aggressive
 Mellow

Please Describe:

Good with children? Yes No Unknown

Prefers men or women? Men Women Doesn't matter

Additional Information: _____

Feed What type of feed is currently being provided? Provide types and brands if possible.

Pasture Only Pellets Senior
 Hay (Include type below) Supplements (Identify) Other

Amount animal is fed per day: _____

Medical History Do you currently have a veterinarian? (If yes, provide their name) YES NO

When was the last time your animal was attended by a Veterinarian?

Date: _____

Reason for visit? _____

Are vaccinations current? Yes No Explain below

Date animal was last vaccinated (if known): _____

Does your animal have any other medical conditions? (Please describe below)

How was animal acquired? Private Sale Auction Gift Rescue Other (describe)

Please list all animals under your care including animals that you do not seek assistance with: (Please attach an additional page if you need to list more)

Type of Animal Cattle Sheep Goat Poultry
 Horse Pony Mule Burro
 Donkey Miniature Horse Cat
 Llama Dog Other

Animal's Name: _____

Sex: Male Female Still nursing its mother
 spayed or neutered

Breed (if known): _____

If Breed is unknown, provide a complete description of the animal

Height: _____ Approximate Weight: _____

Type of Animal Cattle Sheep Goat Poultry
 Horse Pony Mule Burro
 Donkey Miniature Horse Cat
 Llama Dog Other

Animal's Name: _____

Sex: Male Female Still nursing its mother
 spayed or neutered

Breed (if known): _____

If Breed is unknown, provide a complete description of the animal

Height: _____ Approximate Weight: _____

Type of Animal Cattle Sheep Goat Poultry
 Horse Pony Mule Burro
 Donkey Miniature Horse Cat
 Llama Dog Other

Animal's Name: _____

Sex: Male Female Still nursing its mother
 spayed or neutered

Breed (if known): _____

If Breed is unknown, provide a complete description of the animal

Height: _____ Approximate Weight: _____

The Grace Foundation of Northern California reserves the right to execute an unscheduled site inspection of the property

I, _____, swear, under penalty of perjury, that the information provided in this questionnaire is true and accurate to the best of my knowledge.

Signature

Date

Next Steps

Once you have completed the questionnaire for all of your animals, send it to the following address:

HERO Program
The Grace Foundation of Northern California
PO Box 4692
El Dorado Hills, California 95762
(916)941-0800

If you have additional questions, please call us for more information.

Once your application has been received, a representative of the Grace Foundation will schedule an appointment to visit and complete a personal assessment and provide a recommendation on what services we can provide based your individual needs.