



Recover at Home
Rehabilitation Update Form

Horse Name: _____

Exam Date: _____

History:

Type of Injury/Rehab Case: _____

Date of Adoption: _____

Recommended Follow Up Date(s) From Contract:

Examination Notes:

Diagnostics Performed/Results:

Is the horse progressing as expected/hoped?

Suggested next step? Follow up date requested (if any)?

Performing Veterinarian Name: _____

Performing Veterinarian Signature: _____

Vet/Clinic Phone Number: _____

Thank you very much for your support of retiring racehorses in need of rehabilitation!
Please contact After the Races with any questions: 919-741-9819, info@aftertheraces.org