

CONNECTICUT MILITARY DEPARTMENT COMMANDANT TRIAL-PERIOD RECOMMENDATION



Unit		Date:	
Name of Horse:		Name of Donor:	
Date Trial Period Began:		Date Trial Period Ended:	
Unit Horse Officer:	Recommendation: <input type="checkbox"/> Accept <input type="checkbox"/> Reject	Signature:	Date:
Unit Horse Officer Notes:			
State Agricultural Worker:	Recommendation: <input type="checkbox"/> Accept <input type="checkbox"/> Reject	Signature:	Date:
State Agricultural Worker Notes:			
Commandant:	Recommendation: <input type="checkbox"/> Accept <input type="checkbox"/> Reject	Signature:	Date:
Commandant Notes:			
Assistant Adjutant General:		Signature:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Contact Me			
State Military Administrative & Programs Officer:			
Forwarded to: <input type="checkbox"/> CTMD Property Officer <input type="checkbox"/> Unit <input type="checkbox"/> State Agricultural Worker <input type="checkbox"/> Horse File			
Signature:			Date: