



Potential Horse Evaluation

Initial Interview Procedure

Being a therapeutic riding horse is a difficult job; not every horse is cut out for our program. A typical therapy horse gives two or three lessons a day and will most likely be used four or five days a week. A therapy horse must be very quiet and patient with the riders. Because our riders are so delicate, we must be very selective in choosing our horses. The first step in having your horse evaluated is to fill out the attached information sheet and email it back to us at Saebra.P@horseshelp.org. After we review the information sheet we will call or email you and if your horse looks like they would be a good fit for the program we will schedule an on-site evaluation. If your horse still looks like they would make a good therapy horse we will bring him/her to Horses Help for a 60-90 day trial period.

Horse Name: _____ Date: _____

Owner: _____ Phone: _____ Best time to call: _____

Address: _____

Email: _____ Is the Horse on your property?: _____

If not, where is your horse located?: _____

Directions to your horse: _____

Breed: _____ Age: _____ Sex: _____ Color: _____ Height: _____ Weight: _____

Years Owned: _____ Registered: _____ Reason for Donation: _____

How did you hear about Horses Help? _____

Is your horse current on vaccines, shoeing, teeth and worming? Please give the date for each(MM/YY).

Vaccines: _____	Worming: _____	Teeth Float: _____	Trimmed: _____	Shoes? _____
Tetanus: _____	Brand used: _____			Front: _____
WEE/EEE: _____				Hind: _____
West Nile: _____				Corrective: _____
Other: _____				

Does any of the following apply to your horse?:

Cribbing:_____

Vision Impairment:_____

Hearing Impairment:_____

Dental Problems:_____

Ring Bone/Sidebone:_____

Navicular:_____

Horse is afraid of moving vehicles_____

Horse has not been with owner more than a year_____

Lameness or Past

Injury:_____

Surgery in Past:_____

Horse has foundered:_____

Horse is head shy:_____

Bites:_____

Swayed back:_____

Horse is cinchy:_____

Stress Colic:_____

Hock Injections:_____

Afraid of water:_____

Has your horse had formal training? If yes, what type?_____

What type of riding has your horse done?_____

What type of bit and saddle do you use?_____

When was your horse last ridden and how often?_____

Have you ever ridden your horse in pads and a halter? If yes, how did they respond?_____

How would you judge your horse's ability to tolerate any of the following: loud noises, moving objects, and/or quick movements?_____

How might your horse respond to an unbalance rider?_____

Has your horse ever been around children? If yes how did they respond?_____

Has your horse ever been around large groups of people and horses, such as at a horseshow? How did they react to the activity?_____

Can your horse be touched anywhere on their body?_____

Does your horse turn left, right, stop and move forward easily?_____

Does your horse walk, trot, and canter in both directions easily?_____

Does your horse have good ground manners?_____

Is your horse claustrophobic (trailer, wash rack)?_____

Does your horse tie, clip, and load easily?_____

Does your horse pick up their feet easily?_____

When your horse is startled or spooked, how do they act? _____

Is there any unusual behaviors (good or bad) that we should know about your horse? _____

Current Feeding Plan (please specify type/brand and amount)

Morning

Hay:

Grain:

Supplements:

Other:

Afternoon

Hay:

Grain:

Supplements:

Other:

Evening

Hay:

Grain:

Supplements:

Other:

For Horses Help Use Only

Returned contact: _____

Scheduled evaluation: _____

Horse taken in on Trial Period: _____

Horse Accepted into program: _____

Release Date: _____

Reason for Release: _____