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 have special needs, 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 shelly.w@horseshelp.org. After we review the information sheet we will call or email you to discuss your horse as a candidate for our programs. If your horse looks like he/she would be a good fit for our organization, we will schedule an on-site evaluation. If your horse still looks like he/she 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 & worming? Please give the date for each (MM/YY).

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

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Does any of the following apply to your horse?

Cribbing: ______  Lameness or Past Injury: __  Horse is cinchy: ______
Vision Impairment: _____  Surgery in Past: _____  Stress Colic: _____
Hearing Impairment: _____  Horse has foundered: _____  Hock Injections: _____
Dental Problems: _____  Horse is head shy: _____  Afraid of water: _____
Ring Bone/Sidebone: _____  Bites: _____
Navicular: _____  Swayed back: _____
Horse is afraid of moving vehicles: _____  Arthritis: _____
Horse has not been with owner more than a year: _____

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 he/she 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 unbalanced rider? ____________________________________________
_________________________________________________________________________________________

Has your horse ever been around children? If yes how did he/she respond? __________________________
_________________________________________________________________________________________

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

Can your horse be touched anywhere on his/her 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 back up easily both on lead and when ridden? _________________________________

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 tie to a rail? _______ Cross-tie? _______ Stand patiently? _______
Does your horse pick up his/her feet easily? ____________________________________________
Does your horse get along well with other horses? __________________________________________
  In adjacent stalls (over the fence)? ____________________________________________
  In turnout together? ____________________________________________
If your horse is a mare, is she moody when cycling or when around other mares or geldings?
____________________________________________________________________________________
When your horse is startled or spooked, how does he/she act? ________________________________
____________________________________________________________________________________
Are there any unusual behaviors (good or bad) that we should know about your horse? ______
____________________________________________________________________________________
Please provide any further information about your horse that you feel would be helpful in our
assessment: _________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Current Feeding Plan (please specify type/brand and amount)

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For Horses Help Use Only

- Returned contact: ________________________________
- Scheduled evaluation: ________________________________
- Horse taken in on Trial Period: ________________________________
- Horse Accepted into program: ________________________________
- Release Date: ________________________________
- Reason for Release: ________________________________