



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: _____			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: _____

Arthritis: _____

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)

Morning

Afternoon

Evening

Hay:

Hay:

Hay:

Grain:

Grain:

Grain:

Supplements:

Supplements:

Supplements:

Other:

Other:

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: _____