Horse Profile for Potential New Herd Member

Initial Interview Procedure

Being a therapeutic riding horse is a difficult job; not every horse is suitable 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 and handlers. 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 (address)? ______________________________________

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, farrier care, dental care, and deworming? Please give the date (MM/YY) for each that apply.

VACCINES
Tetanus: _____ EEE/WEE: _____ Flu/Rhino: _____ West Nile: _____ Rabies: ____ Other: ____

FARRIER CARE
Trimmed: ___________ Shod: ___________ Front shod (Y/N)? ____ Rear shod (Y/N)? ____

Does your horse require corrective shoeing, pads, etc.? If yes, please explain: ___________________

DENTAL CARE
Last dental exam: ________ Last dental float: ________ Prior dental issues? _________________

DEWORMING
Date of last deworming: _______ Brand used: ________________ Date of last fecal test: ________
Has your horse experienced any of the following?

Arthritis: _____  
Neurological issue: _____  
Vision Impairment: _____  
Hearing Impairment: _____  
Dental Problems: _____  
Ring Bone/Sidebone: _____  
Navicular: _____  
Club foot: _____  
Surgery in Past: _____  
Laminitis/founder: _____  
Fracture/broken bone: _____  
Lameness/Injury: _____  
Swayed back: _____  
Colic: _____  
Hock Injections: _____  
Nerving: _____  
Melanoma: _____

Do any of the following behaviors apply to your horse?

Afraid of moving vehicles: _____  
Afraid of water: _____  
Cribbing: _____  
Pacing/stall weaving: _____  
Cinchy: _____  
Head shy: _____  
Kicking: _____  
Nips/Bites: _____  
Bucking/Rearing: _____

Is your horse sound at the walk, trot, and canter? ____________________________________________

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/sudden 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 horse show? 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? _________________________________________________
Does your horse stand quietly for mounting/dismounting from both sides? ____________________

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

Does your horse tie, clip, and load easily? ______________________________________
  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: ________________________________