



Helping People Overcome Life's Obstacles Through Equine Interaction

Horse Donation Form

Donor Contact Information:

Name: _____

Address: _____

City, State, Zip _____

Home phone: _____ Email address: _____

Name of your veterinarian: _____

Veterinarian's phone number: _____

Farrier: _____

Farrier's phone number: _____

Horse Information

Name of horse you are donating: _____

Breed of horse you are donating: _____

Is the horse registered? If so, with what registry? _____

Registration number? _____

Color of horse: _____

Markings on horse: _____

Age: _____ Height: _____ Weight: _____ Gender: _____

How long have you owned the horse? _____

Why are you looking to donate your horse? _____

Is the horse Up-To-Date on all their shots? Yes No Never had shots

Date of last shots: _____ Date of last deworming: _____

Date of last farrier visit: _____

Does horse wear shoes: No Fronts Only All feet have shoes

Please list any Injuries the horse has had in the past: _____



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Does any of the following apply to your horse? If yes, please explain.

- Cribbing? Yes No
- Stall walk or weave? Yes No
- Bites? Yes No
- Head shy? Yes No
- Horse is cinchy? Yes No
- Afraid of water? Yes No
- Afraid of moving vehicles? Yes No
- Afraid of other animals? Yes No
- Other fears or issues? Yes No

What type of riding do you do with your horse? _____

Can your horse be ridden: English Western Bareback All the above

Has your horse been around children before? Yes No

Can your horse walk, trot and canter comfortably? Yes No

Please Explain for No: _____

Any other information we should know about your horse? _____

Thank you for considering your horse for our program! Someone will be in touch with you once the form has been received.

Sincerely,

Amanda Hart
Executive Director