



Silver Lining  
Riding

## 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 [mandy@silverliningriding](mailto:mandy@silverliningriding). 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 Silver Lining Riding for a 60-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 Silver Lining Riding? \_\_\_\_\_

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

**Do any of the following behaviors apply to your horse?**

Afraid of moving vehicles: _____	Cinchy: _____	Pacing/stall weaving: _____
Afraid of water: _____	Head shy: _____	Nips/Bites: _____
Cribbing: _____	Kicking: _____	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 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? \_\_\_\_\_

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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: \_\_\_\_\_

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

**Morning**

**Afternoon**

**Evening**

Hay:

Hay:

Hay:

Grain:

Grain:

Grain:

Supplements:

Supplements:

Supplements:

Other:

Other:

Other:

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**For Silver Lining Riding Use Only**

Returned contact: \_\_\_\_\_

Scheduled evaluation: \_\_\_\_\_

Horse taken in on Trial Period: \_\_\_\_\_

Horse Accepted into program: \_\_\_\_\_

Release Date: \_\_\_\_\_

Reason for Release: \_\_\_\_\_ - 3 -

\_\_\_\_\_