



Horse Donation Application

General Information

Owner: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Horse's Name: _____ Breed: _____ Mare ___ Gelding

Date Foaled: _____ Height: _____ Color: _____

Markings: _____ Registration/Tattoo: _____

Length of Time You Have Owned the Horse: _____

Current Location of Horse: _____

Training History

_____ English _____ Western Type of Bit Used: _____

Training Background: _____

Last Time Horse was Ridden: _____

Frequency the Horse is Ridden: _____

Horse Needs Spurs or Crop When Ridden: ___ No ___ Yes: _____

Horse Can: ___ Walk ___ Trot ___ Canter ___ Pick Up Both Leads: _____

Health History

Date of Last Shots: _____ Coggins: _____ Teeth Floated: _____

Does horse have any health issues?:

_____ Navicular _____ Founder/Laminitis _____ Arthritis _____ Non-Sweating _____ Nose Bleeds

_____ Colic _____ Other Injuries

Health Issue Comments: _____

Is horse currently on any medications?: _____

Horse is Currently Stalled: ___ Yes ___ No If yes, how long per day?: _____

Veterinarian Name: _____ Phone: _____

Farrier/Hoof Care

Horse Wears Shoes: ___ Yes ___ No If yes, please explain: _____

Date of Last Trim: _____ Farrier Name: _____

Feed/Supplements:

Type of Feed: _____ Amount Daily: _____

Type of Hay: _____ Amount Daily: _____

Supplements: _____

Deworming Schedule: ___ Daily ___ Rotational Paste Product Used: _____

Behavior/Vices (cribbing, weaving, etc.)

Please describe your horse's temperament, any behavior issues, vices, etc.: _____

Typical Spook Response: ___ Side-Step ___ Spin ___ Run ___ Rear _____ Other: _____

Does Your Horse: Stand for Farrier ___ Yes ___ No Load Nicely On and Off Trailer ___ Yes ___ No

Lunge ___ Yes ___ No Do Good for Vet Visits ___ Yes ___ No Cross-Tie ___ Yes ___ No

Reason for Wanting to Donate: _____

By signing below, I acknowledge that, to the best of my ability, everything I've indicated here is the truth.

Signature: _____

Date: _____