



Program Horse Application

Owner's name: _____ Email Address: _____

Address: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

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

Height: _____ Color: _____ Age/DOB: _____ Length of Ownership: _____

Current location of horse: _____

Riding style/training: _____

Farrier Name: _____ Phone: _____

Last Date Shod: _____ Shoes on: Front _____ Back _____ Special Shoeing: _____

Veterinarian Name: _____ Phone: _____

Do you agree to give Special Equestrians permission to discuss you horse's medical records with your veterinarian? YES NO

Medical illnesses in the past year? YES NO Lameness in the past year? YES NO

If yes, please explain: _____

Health History—past or present health or soundness issues: _____

Current medications and reason: _____

Past medications and maintenance treatments and reason: _____

Date of last veterinarian visit and reason: _____



List (with dates) of most recent vaccinations:

Date of most recent negative Coggins test: _____

Type of feed and amount: _____

Supplements and amount: _____

Allergies: _____

Horse's likes/dislikes: _____

Turn out: Solo turnout only Needs a buddy Good in group Hours currently turned out: _____

Vices/bad habits (cribbing, weaving, kicking stall, etc.): _____

Manners in following situations:

Stall: _____

Led: _____

Grooming/on Crossties: _____

Ridden in arena: _____

Led in arena: _____

Does your horse safely:

Longe: YES NO Load: YES NO Clip: YES NO

If no to any, please explain:

Why would you like Special Equestrians to have this horse? _____



Are you interested in free-leasing your horse rather than making a donation? YES NO

Would you like your horse returned to you if he/she becomes unable to do its job, or when it's time to retire?
YES NO

Are you interested in underwriting any expenses for your horse while the horse is on our staff?
YES NO SOME

If you would like to share more important information regarding behavior, habits, etc., please use the space below, on other side, or add a new page.

I have read the complete Program Horse Suitability Guidelines and understand the 60-Day Evaluation period and policies.

Signature of Owner/Donor: _____ Date: _____