

**INITIAL EQUINE QUESTIONNAIRE**

Thank you for considering your equine for REACH. It is the policy of REACH to accept loans or donations of equines from their owners for the purpose of our Equine Assisted Activities and Therapy Program. Equines accepted into the REACH program must be mentally and physically healthy and sound, and they must be able to maintain a moderate work schedule. Therapy horses must be tolerant of unbalanced and erratic riders, loud noises, side walkers on both sides of them, wheelchairs and walkers, and other unusual equipment and therapeutic items. Therapy horses are ridden with leaders and independently, depending on the ability of the rider. Many riders are unskilled and inexperienced.

REACH requires the Initial Equine Questionnaire be completed and a visit by our staff, preferably at the equine’s present location, prior to accepting a horse for trial. Upon the evaluators’ recommendation, the equine will be transported to REACH for further evaluation.

There are two components to the on-site evaluation:

* **30 days** with staff only working with and riding the equine and an additional
* **30 days** in the program on the schedule. Once the equine is accepted into the program, donation or loan agreements will be completed by all parties. \*All equines on loan to REACH must be available for a minimum of one year.

The owner is requested to transport the equine to REACH. If, after the trial period, the equine is not considered appropriate for REACH program, REACH will return the equine to the owner. Acceptance of the equine for a trial period does not obligate REACH to accept the equine into its program.

**REACH will request:**

* The owner demonstrates or has someone demonstrate, how the equine moves in-hand and under saddle at a walk, trot, and canter. The staff may also ride the equine and introduce it to a variety of objects used in therapy.
* The equine be recently trimmed/shod.
* The equine can load and travel properly in a horse trailer.
* A copy of **all** veterinary records (including vaccinations, teeth floating, and any other visits from the vet) **PRIOR** to staff visit. Equine must be current on all shots and have a negative Coggins test.
* The owner agrees to pay for any major medical costs (over $250.00) related to their equine during the trial period.

**According to the REACH Board of Directors, REACH veterinarian, and REACH guidelines, REACH cannot accept equines:**

* With EIA
* That are blind in one or both eyes
* Stallions

If you feel like your horse will respond and thrive in a therapeutic riding program, please fill out this form and email it to [EQUINE@REACHtrc.org](mailto:EQUINE@REACHtrc.org).



**INITIAL EQUINE QUESTIONNAIRE**

**Owner Contact Information:** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Address:

City, State, Zip

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email:

**Equine Information:**

Name: AKA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you owned this horse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_ Height: \_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color including Markings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last: Coggins: \_\_\_\_\_\_\_\_\_\_\_\_ Vaccines: \_\_\_\_\_\_\_\_\_\_\_ Farrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Float: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Worming: \_\_\_\_\_\_\_\_\_\_\_ Shod: Y / N

**Current and past medical issues**

|  |  |  |
| --- | --- | --- |
| **Issue** | **Year** | **Comments** |
| Founder |  |  |
| Colic |  |  |
| Navicular Disease |  |  |
| Leg Injury |  |  |
| Digestive Issues |  |  |
| Previous surgery |  |  |
| Choke |  |  |
| EPM |  |  |
| Injuries from previous accidents |  |  |
| Arthritis Diagnosis |  |  |
| Dental issues |  |  |
| Ring bone/side bone/hoof disease |  |  |
| Ulcers |  |  |
| Neurological disease |  |  |

Any other medical issues you feel we should know about? If so, please, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current or past behavioral issues:**

|  |  |  |
| --- | --- | --- |
| **Behavioral Issue** | **Y/N** | **Comments** |
| Biting |  |  |
| Kicking |  |  |
| Cinchy |  |  |
| Head shy |  |  |
| Jumpy/Spooky |  |  |
| Bolting/Setting back |  |  |
| Difficultly standing for farrier/vet |  |  |
| Crow hopping |  |  |
| Bucking |  |  |
| Rearing |  |  |
| Difficulty loading in trailer |  |  |
| Cribbing |  |  |
| Buddy/Barn sour |  |  |

Any other behavioral issues we should know? If so, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current veterinarian and contact information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this horse have any physical limitations? If so, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Feeding Plan:**

A.M. Feed: Afternoon Feed: P.M. Feed:

Hay: Hay: Hay:

Grain: Grain: Grain:

Supplements: Supplements: Supplements:

Other: Other: Other:

While in your care, has this horse lived with other horses in a pasture, or has it been kept in a stall?

Will this horse tolerate being in a barn and stall for extended periods of time?

Is this horse stabled at your home or boarded elsewhere?

**Mounted Work:**

Does this horse walk-trot-canter?

What are the various disciplines that this horse has participated in? (Trail riding, showing English or Western, barrels, pleasure only, etc.)?

Has this horse had professional training? If so, by who?

How often was it ridden while in your care?

When was this horse last ridden?

Does this horse respond to leg cues? Y/N Turn on the forehand? Y/N Turn on the haunches? Y/N

**Ground Work:**

Our therapy horses are used extensively in hand. Has this horse been shown or trained in-hand? Please explain:

Has this horse had any desensitization training? If yes, please explain:

**Can this horse:**

Be lunged on a lunge line? Y/N Does this horse have round pen experience? Y/N

Can this horse be caught easily? Y/N Does this horse get along with other horses? Y/N

Many of the horses at REACH are currently on loan, meaning that while REACH maintains all feeding, worming, vaccination, farrier, and reasonable veterinary care while the horse is being used by the facility, the owner maintains ownership. **Due to the limited amount of resources for retired horses, REACH encourages horse loans rather than donations.**

At this time, are you considering a full donation or loan?

Why are you looking for a new home for this horse?

Why do you think this horse is a good candidate for therapeutic riding?

On a scale of 1 to 10 where 1 is an untrained horse and 10 is a completely trained horse and can be ridden by a first-time rider, how would you rate this horse?

Would you feel comfortable putting an unskilled rider with disabilities on this horse? Y/N

**Additional Information:**