



Heavenly Gaits Therapeutic Riding Center, Inc.

**Donation Questionnaire**

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

Donor Address: \_\_\_\_\_

Donor Phone Number: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

What was the horse used for? \_\_\_\_\_

Why are you considering donation? \_\_\_\_\_

How long have you owned the horse? \_\_\_\_\_

Does horse age match teeth? (Approximately)       Yes       No

Is the horse able to be cross tied?       Yes       No

Does the horse have any stable vices?       Cribbing       Pacing       Weaving       Rocking

Does the horse have any habits under saddle?       Bucking       Rearing       Spinning       Running

Behavior during loading or trailering: \_\_\_\_\_

Is the horse used to being turned out on pasture?       Yes       No

Does the horse have any lameness conditions?       Yes       No

Navicular Disease       Laminitis       Bowed Tendon (old or new)

Side Bone       Ring Bone       Equine Protozoal Myeloencephalitis

Spavin       Other \_\_\_\_\_

Describe the severity of the condition and the circumstances in which it was treated:

(Ex: Corrective shoeing, meds, supplements etc.) \_\_\_\_\_

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Is the horse on any supplements or medications?       Yes       No      If so, for what? \_\_\_\_\_

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Does the horse have any respiratory problems?       Yes       No

If so, are they seasonal or constant? Explain: \_\_\_\_\_

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Does the horse have any skin problems?

- Sweet Itch       Sacroids       Hives       Melanomas  
 Bug Allergies       Susceptible to scratches       Other \_\_\_\_\_

Has the horse had any problems with colic?  Yes       No

Please explain the circumstances \_\_\_\_\_

Does the horse have any eye problems?  Yes       No

What are they? \_\_\_\_\_

Is the horse regularly vaccinated?  Yes       No

Please list vaccinations and date. \_\_\_\_\_

\_\_\_\_\_

Does the horse have a current Negative Coggins Test?  Yes       No

Date it expires? \_\_\_\_\_

Is the horse regularly wormed?  Yes       No

Please list worming schedule: \_\_\_\_\_

Does the horse have teeth floated regularly?  Yes       No

Please specify type of feed and/ or special hay needs \_\_\_\_\_

Are there any old injuries that may cause problems in the future? \_\_\_\_\_

	Worst	Best
Can the horse be easily approached in the stall or pasture?	1	2
Can the horse be easily haltered?	1	2
Can the horse be easily bridled?	1	2
Can the horse be lead without being pushy?	1	2
Will the horse stand quietly while being mounted from both sides?	1	2
Will the horse tolerate large crowds?	1	2
Will the horse stand to be groomed by a group of 4 or more?	1	2



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Will the horse exhibit all three gaits while mounted and on a lunge line?

	Lunging	Mounted
Walk	<input type="checkbox"/>	<input type="checkbox"/>
Trot / Jog	<input type="checkbox"/>	<input type="checkbox"/>
Canter / Lope	<input type="checkbox"/>	<input type="checkbox"/>

Does the horse stop easily by pulling back or saying "Whoa"?  Yes  No

Is the horse smooth while riding? \_\_\_\_\_

Can the horse be trail ridden?  Yes  No

Can the horse be trail ridden in groups?  Yes  No

Does the horse spook at anything that you are aware of? (ex. Plastic bags, umbrellas, noises...)

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List forms of training the horse has had. (Ex. Jumping, western pleasure, dressage.....)

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Overall, does the horse seem easily trainable? \_\_\_\_\_

Any other comments/ Notes: \_\_\_\_\_

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By providing your signature, you are stating that all the information provided is true and accurate to the best of your knowledge. Your signature also indicates that if considered for therapeutic riding, you agree to a ninety day probationary period in which case the horse will be donated to Heavenly Gaits Therapeutic Riding Center, Inc. or returned to the owner following the designated time period.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_