

**Process for Donating Your Equine:**

Thanks for your interest in possibly donating your equine to serve in the UA Equestrian Therapeutic Division programs.

It takes a special horse to serve as a therapy horse. Getting the right horses is critical to the safety, quality and fun of all Therapeutic Division programs. Consequently, the UA Equestrian Therapeutic Division has a process that includes: 1) getting information in writing from the owner, 2) assessing the equine at its current location using multiple evaluation techniques to evaluate if it is a good candidate to work in therapeutic programs, 3) bringing equines who have successfully completed steps 1 and 2 to the UA Equestrian program location, where a veterinarian will evaluate the equine, and 4) determining if the equine should then enter a 90-day training/conditioning program for therapeutic work. Please know that this is not a job for all equines. Even equines who get to the 90-day evaluation period may not be accepted into the program. If your horse is not accepted, it only means that he/she is better suited for other types of work.

You are at Step 1. Please complete the questionnaire below to the best of your ability. If you have not reviewed the Therapy Equine Criteria/Qualities for the UA Equestrian Therapeutic Division, please do so before completing this form. It is attached as a separate document to this questionnaire. Once your answers are complete, please email the form to UA Therapeutic Division Administrator Shelley Jones at [sujones@fa.ua.edu](mailto:sujones@fa.ua.edu). If you have questions, please call Cheryl at 205-341-2341 during business hours Mondays-Fridays.

**PLEASE PRINT YOUR ANSWERS** (Please use additional sheet of paper if needed to give your complete information.)

**Owner Information**

**Date:** \_\_\_\_\_

Horse Owner's Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_ Email: \_\_\_\_\_

Current Location of Horse: \_\_\_\_\_

How did you hear about UA Equestrian Therapeutic Division?

**Horse Information**

Name:	"Barn Name?"	Age:	Date of Birth (if known):
Breed:		Sex:	
Height:		Weight:	
Color:		Registry & # (if known):	
Markings, scars, tattoos, brands, other:			
How long have you owned this equine?			
Why are you interested in donating it?			

**Health Record** (Please use additional sheet of paper if needed to give your complete information.)

Veterinarian:	Phone #:
Farrier:	Phone #:
Do we have your permission to contact them? _____ YES _____ NO	
Date & Type of last vaccinations:	
Date & type of last deworming:	
Date & type of last dental:	
Date of last farrier visit:	Shod? _____ Front _____ Hind _____ Barefoot
Any special shoeing required?	
Any special diet? Please explain:	
Any medication? Please explain:	
Lameness issue? Please explain:	

**Horse's Experience/Background**

What type of training has your horse had?
What type of rider experience has the horse had? (Beginner, children, adult, competitive, etc.)
Type of equipment and tack the horse is familiar with:
Any bad habits? (Cribbing, biting, kicking, bolting, etc.)
How does the horse handle trailering? (Loading, riding, etc.)
Has your horse ever been around large groups of people or horses, such as at horse shows? How did he/she react?
Is there anything else we should know about your horse?

Ground Work		
<i>Please check Yes or No to each question:</i>	Yes	No
Our horses are frequently used in hand. Has our horse been shown or trained in hand?		
Does this horse have round pen experience?		
Can this horse be caught easily in the turnout area?		
Does this horse trot in hand?		
Does this horse stand tied without pawing or whinnying?		
Does this horse stand quietly for a farrier and veterinarian?		
Does this horse load in a trailer with little or no fuss?		

Please rate how your horse responds to the following. “3” = Very well “2” = Neutral “1” = Very Poor

	3	2	1	Unknown
Walk, trot and canter easily in both directions				
Unbalanced and/or backward riders				
Moving forward, turning right & left, stopping easily				
Loud noises				
Moving objects (thrown to/from rider)				
Quick movements				
Flags, lassos/ropes				
People walking closely on either side				
Being long-lined				
Working in close proximity to other horses				
Being handled, groomed by children				
Being touched anywhere on his/her body				
Being groomed by person in a wheelchair				
Picking up his/her feet				
Being in close confines (trailer, cross-ties, wash rack etc.)				
Clipping bridle path, ears, legs, body				
Being bathed				
Please give explanations for any score of “1” or “2”				

Is there anything not covered in this questionnaire that you think we should know about your horse? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you have questions or need more information, please contact the UA Equestrian Therapeutic Administrator Cheryl Scutt at 205-348-2341 or at [cscutt@fa.ua.edu](mailto:cscutt@fa.ua.edu).

**THANK YOU!!!**