



## Prospective Therapy Horse Profile

Balanced Connections Adaptive Equestrian Program would like to get to know your horse prior to our first on site evaluation. Please complete this form and return it to our office so that we may begin your horse donation file. You may mail it to us at P.O. Box 6072 Santa Maria, CA 93456-6072. Thank you.

Owner: \_\_\_\_\_ Email: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Equine's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Mare or Gelding

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

Past use: \_\_\_\_\_

Riding style: \_\_\_\_\_

Has your horse had any medical issues this past year?: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has your horse had any time of lameness this time of year?: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is your horse on medication?: \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list the last dates for the following:

Immunizations: Rhino/Flu \_\_\_\_\_ EWT/Encephalitis \_\_\_\_\_ Rabies \_\_\_\_\_

De-Worming \_\_\_\_\_ Product: \_\_\_\_\_

Coggins \_\_\_\_\_ Result: \_\_\_\_\_

Feeding:

Current Grain: \_\_\_\_\_ Amount: \_\_\_\_\_

Current Hay: \_\_\_\_\_ Amount: \_\_\_\_\_

Supplements: \_\_\_\_\_ Amount: \_\_\_\_\_

Farrier Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hoof(bare/shoes): \_\_\_\_\_ Date of last shoeing/trimming: \_\_\_\_\_

Horse Likes: \_\_\_\_\_

Any vices (e.g., cribbing, weaving, etc.)? If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Does your horse: Cross tie: \_\_\_\_\_ Lunge: \_\_\_\_\_ Load: \_\_\_\_\_

Why do you want to donate this horse? \_\_\_\_\_

Would you consider a long term lease option to Balanced Connections for this horse? Yes or No