



Rainbow

Therapeutic Riding Center

Equine Donation/ Free Lease Application

Date:	
Horse Name & barn name:	
Horse Age/Breed/Height:	

Registered: Y or N

General History/Background: _____

Health History:

Date of last Coggins/Vaccinations:	
Date of last Farrier Visit:	Shoes Y or N
Date of last Dental Care:	
Pre-existing Conditions/Current Medications:	
Other Health Concerns or Limitations due to health:	

Special Tack Requirements: _____

Current Feed (brand, amount and number of feedings per day): _____

Current Supplements: _____

Can work at (Circle all that apply): WALK TROT CANTER

Temperament Scale: (Boom proof) 1 2 3 4 5 (Hot)

Interaction with other horse: 1 2 3 4 5 (Alpha)

History of Bucking/Kicking/Biting/Rearing: Y or N*

*If yes, please explain:

Specific Experience:

(Rated 1-5. 1 = no experience, 5=expert) and explain in detail.

Western (type?)	
English	
Hunters/Jumpers or jumping	
Dressage	
Halter/Showmanship	
Trail Riding	
Pony Club or 4-H	
Beginner Lessons	

Other Experience:	
Description of movement: (Choppy, smooth, etc)	

Training/Work History

Length of time in professional training and describe training history:

Date of when the horse was last in a consistent training or work: _____

Reaction to objects/Sounds/movements - Rated 1-5. 1=no reaction, 5=spook

Toys	
Balls	
Loud sounds	
Sudden movements	

Ground Manners:

Picks up all 4 feet easily Y or N
Stands quietly Y or N
Girthy Y or N
Loads easily Y or N

Leads quietly Y or N
Cross-ties Y or N
Bridles easily Y or N
Herd Bound Y or N

Other Notes:

Horse owner agrees to a 30 day trial period.

Owner Name (printed): _____

Owner Signature: _____

Date: _____

For Office Use-----

Date received: _____

Notes: