Central Illinois Riding Therapy

Equine Profile/Donation or Lease

Present Owner's Name: _____

Address: _____ City: _____ State: _____

Home Phone: _____Cell Phone: _____

Horse's Registered Name: _____ Barn Name: _____

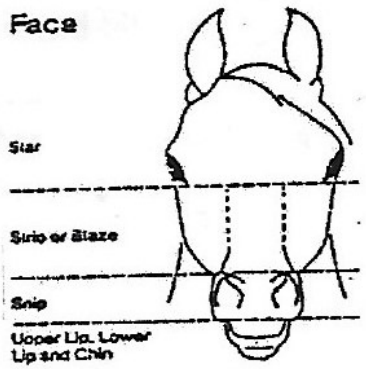
Registered Number: _____ Breed: _____

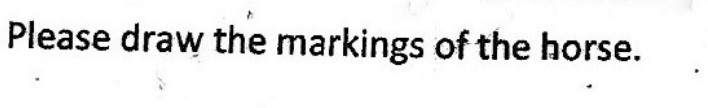
Sex: Mare or Gelding DOB: _____ Height: _____ Color: _____

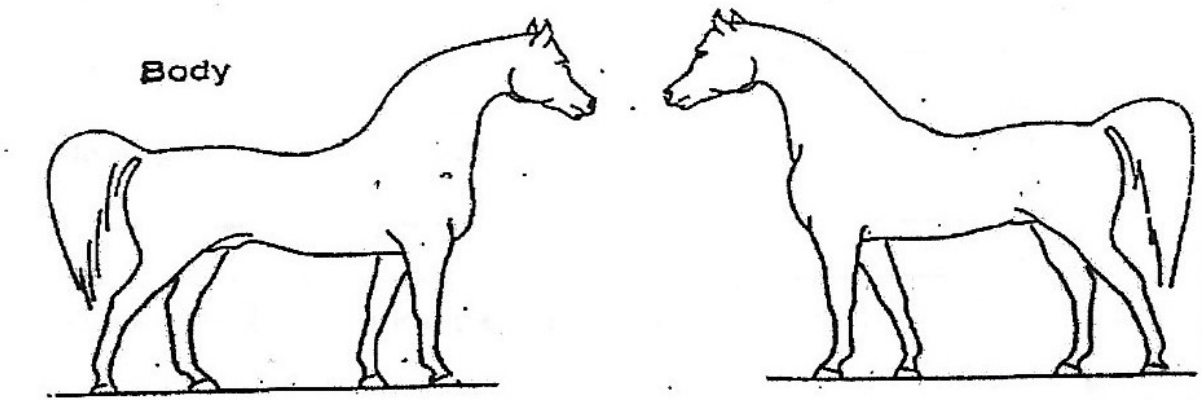
Weight: _____ How long have you owned this horse? _____

Markings, Tattoo, or Brand (if any): _____

Please enclose three pictures of the horse that include the right and left sides of the horse, and one of the face to show markings.







Terms: ___ Donation- I donate full ownership of the above named horse to Central Illinois Riding Therapy. I understand and agree that if during the initial trial period (6-8 weeks) the horse does not meet CIRT therapy horse qualifications, it will be returned to me.

___ Free Lease of this horse – indefinite term (Horse will be returned when CIRT can no longer use him/her)

___ Free Lease beginning _____ and ending _____

Has the horse had any medical issues in the past year? _____ If yes, please explain: _____
_____
_____

Has your horse had any type of lameness within the past year? _____ If yes, please explain: _____
_____
Is your horse on any medication or supplements? _____ If yes, please explain: _____
_____
Veterinarian Name: _____ Phone: _____
Please list the latest dates for the following:
Immunizations: Rhino/Flu _____ EWT/Encephalitis_____ Rabies _____ Strangles _____
West Nile _____ Tetanus _____ Other (i.e. Boosters)_____
Deworming (last date): _____ Product used: _____
Coggins (date): _____ Result: _____
Last Floating (Dental work) _____

****All horses brought onto C.I.R.T. property must be current on vaccinations and have a negative Coggins within the past 6 months****

Horse use within the past year: _____
Preferred riding style and bit used: _____
_____
What past training has this horse had and for how long? (i.e. dressage, western pleasure, hunter/jumper, vaulting, driving, reining, etc.) _____
_____
_____
How is this horse around adults? Children? _____
_____
_____
How does the horse handle new objects and situations? _____
_____
_____
Has this horse ever been shown? (shows, clinics, parades, demonstrations) _____If yes, please explain:
_____
_____
Has this horse ever been used for therapeutic riding? _____ If yes, when and where? _____
_____
Are there any problems with loading and trailering this horse? _____ If yes, please explain: _____
_____
_____

Feeding:

Current Grain: _____ Amount: _____
Current Hay: _____ Amount: _____
Supplements: _____ Amount: _____
Pasture: _____ Amount of time: _____

Farrier Name: _____ Phone: _____
Hooves (barefoot/shoed): _____ Last Farrier Date: _____

Horse Likes: _____
Any Vices? (i.e. cribbing, weaving, etc.) _____ If yes, please explain: _____
_____
Does this horse: Cross Tie: _____ Lunge: _____ Drive: _____

Why do you want C.I.R.T. to use your horse? _____
_____
_____
_____
IF the horse is accepted by C.I.R.T., do you want him/her back upon retirement? YES _____ NO_____
(This could be 6 months, could be 10+ years depending on the horse's condition and performance in the program)

I understand and agree that if during the initial trial period (6-8 weeks) if the horse does not meet C.I.R.T. therapy horse qualifications, it will be returned to me. If the horse does meet the qualifications, addition paper work will be sent to the above address and will need to be filled out in a timely fashion.

Date: _____ Signature: _____

Office Use Only

Initial Phone Interview Date: _____ Done by: _____
On-Site Visitation Date and Time: _____
Who was present: _____