



THERAPEUTIC RIDING PROGRAM
EQUINE INFORMATION FORM

OWNER'S NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

EQUINE INFORMATION:

EQUINE NAME: _____ BREED: _____

AGE: _____ GENDER: _____ COLOR: _____ HEIGHT: _____

TELEPHONE: _____ EMAIL: _____

Disciplines(s): _____

Is your horse/pony able to walk/trot/canter/jump? If not, please explain:

Is your horse/pony being used regularly now? Please explain:

Does your horse/pony have any lameness issues? Please explain:

Does your horse/pony have any physical/psychological problems that call for routine treatment?
Please explain:

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Does your horse/pony load/trailer?

Why would you like to donate your horse/pony to EQUI-KIDS Therapeutic Riding Program?
Please explain:

Do you have a clear title to this equine? _____

Where is your horse/pony currently stabled? _____

Due to space and program restrictions at any given time, we may not be able to accept new equines into our riding program immediately. Are you able to delay this donation if space is currently unavailable?

Please include any additional information you wish to provide in the space below:

Please provide any photographs of your horse/pony with this Equine Information Form and mail to:

**EQUI-KIDS THERAPEUTIC RIDING PROGRAM
2626 HERITAGE PARK DRIVE
VIRGINIA BEACH VA 23456**

Thank you for your interest in donating your horse/pony to our program.