

Date: _____

Owner Information

Owner's Name: _____ Phone: _____

Address: _____

State / Zip code: _____

Email: _____

Any conflict of interest with SFASU: (Yes/No) If yes, please describe potential conflict of interest: _____

Equine Information

Equine Registered Name: _____

Barn name: _____

Breed: _____ Age: _____ Height: _____

Color / Markings: _____

Gender: Stallion / Gelding / Mare Brand(s)/Lip tattoo/ Microchipped: (Yes/No)

If yes, please describe lip tattoo or brand: _____

If yes, what is the microchip information: _____

Other information: _____

Equine Pedigree

Registered: (Yes/No) If yes, with what registry: _____

If yes, are transferable papers/documentation available: (Yes/No) _____

Other information: _____

Equine Medical History

Soundness & Functional Use

Capable of being ridden at walk, trot, lope/canter: (Yes/No) _____

History of lameness: (Yes/No) _____

If mare, broodmare sound: (Yes/No) _____

If broodmare sound, previous foaling history: _____

Medical Records

Veterinarian Name: _____ Phone: _____

Veterinarian Address: _____

Current vaccinations (must have been given in last 12 months)*: (circle all that apply)

Flu/ Rhino Strangles West Nile Tetanus Rabies EEE/WEE

Date of vaccinations: _____

Coggins test date*: _____ Test results: (Negative / Positive)

*Documentation of Coggins and vaccinations will be required before horse is accepted into the program.

Medications: _____ Medications for what condition: _____

Do you agree to give SFASU permission to contact your vet to discuss medical records of the above named equine (Yes/No) _____ If, yes initial* _____

History of dental floats (when): _____

History of illness: (Yes/No) _____

History of colic: (Yes/No) _____

History of significant injury: (Yes/No) _____

Other information: _____

Equine Training & Riding

Is this equine easy to: (Check all that apply)

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Catch/Halter | <input type="checkbox"/> Clip | <input type="checkbox"/> De-worm |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Bridle | <input type="checkbox"/> Load/Unload Trailer |
| <input type="checkbox"/> Tie | <input type="checkbox"/> Saddle | <input type="checkbox"/> Bathe |
| <input type="checkbox"/> Cross-Tie | <input type="checkbox"/> Clean Hooves | |
| <input type="checkbox"/> Groom | <input type="checkbox"/> Fly spray | |

Round pen trained: (Yes/No) _____

Lunges both directions at walk, trot, and lope/canter: (Yes/No) _____

Saddle trained/Broke to ride: (Yes/No) _____

If saddle broke, what type of bit has been used: _____

Direct/Neck Rein: _____

If saddle broke, what type of saddle(s) has equine been ridden in: (Western only, English only, or both)

If equine has been ridden Western, has the equine been ridden using: back cinch, breast collar, tie down, martingale, or other tack _____

What discipline(s) is equine trained for: _____

Level of rider: (Beginner, Novice, Intermediate, Strong Intermediate, Advanced)

How often is the equine currently ridden: _____

If not currently being ridden, why not? _____

When was last time the equine was regularly ridden? _____

Trailer loading training/experience: _____

This equine has been trained or had experience in: (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Halter | <input type="checkbox"/> Barrel Racing | <input type="checkbox"/> Ranch Riding |
| <input type="checkbox"/> Trail | <input type="checkbox"/> Pole Bending | <input type="checkbox"/> Roping |
| <input type="checkbox"/> Competitive Trail | <input type="checkbox"/> Jumping | <input type="checkbox"/> General |
| <input type="checkbox"/> Endurance | <input type="checkbox"/> Dressage | <input type="checkbox"/> Western Riding |
| <input type="checkbox"/> English Pleasure | <input type="checkbox"/> Youth Horse | <input type="checkbox"/> General English |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Reining | <input type="checkbox"/> Riding |
| <input type="checkbox"/> Eventing | <input type="checkbox"/> Western Pleasure | |

Advanced training: (One-handed, Side pass, Spin, Trail/obstacles, Jump) _____

Additional training/experience (when): _____

Please describe any competitive experience this equine has (when): _____

Other information: _____

Temperament & Behavior

Temperament: (1-10; 1 = calm, 10 - excitable) _____

Ease of handling equine: (1-10) _____

Calm in variety of situations/environments: (Yes/No) _____

Any issues/concerns in particular situations/environments: (Yes/No) _____

History of bucking: (Yes/No) _____

History of kicking: (Yes/No) _____

History of rearing: (Yes/No) _____

History of biting: (Yes/No) _____

History of cribbing: (Yes/No) _____

Other improper behavior(s): (Please describe.) _____

What size herd have they lived in: _____ Mixed gender herd: (Yes/No) _____

Herd ranking: _____ Herd behaviors: _____

What kind of housing situation is the equine used to: (pasture, stall, etc.) _____

Other Behaviors: _____

Diet

What feed has the equine been fed: (Brand/Type) _____

How often is the equine fed daily: _____ Supplements: (Yes/No) _____

If yes, what kind and why: _____

Type of hay fed: _____ Amount of hay fed: _____

Last deworming date: _____ Brand used: _____

What type of fencing / pasture is equine used to: _____

Feeding related behaviors: _____

Other information: _____

Farrier

Farrier Name: _____

Last farrier appointment: _____ Schedule for farrier: (4, 5, 6, weeks) _____

Anticipated date of next farrier service: _____

Does equine require shoes: (Yes/No) _____ If yes, what kind and why: _____

If yes, Fronts or Full shoes: _____

Behavior for farrier services: _____

Other information: _____

Is there anything else you can tell us about the equine that will enable us to better evaluate him/her?

(Use reverse if you need more space) _____

Why are you considering donating this equine to Stephen F. Austin State University? (Use reverse if you need more space)
