

Animal Protection Coalition, Inc.

Equine Donation Questionnaire

Equine Information

Horse's Name	Gender
Breed	Age
Height	Weight
Color/Markings	
Is the equine registered? If so please name the Registry or Association Name & the Horse's Registration #	
Does the equine have a lip tattoo? If so, what is the tattoo?	
Is the equine branded? Where is brand located? Please describe the brand or draw it here:	

Temperament & Training Information

How long have you owned this equine?	
Temperament <i>(circle one)</i>	1 = Very Quiet 2 3 4 5 6 7 8 9 10 = Highly Spirited
Friendliness with people <i>(circle one)</i>	1 = Nasty/Afraid 2 3 4 5 6 7 8 9 10 = Very friendly
Friendliness with horses <i>(circle one)</i>	1 = Nasty/Afraid 2 3 4 5 6 7 8 9 10 = Very friendly
Friendliness towards dogs <i>(circle one)</i>	1 = Nasty/Afraid 2 3 4 5 6 7 8 9 10 = Very friendly
Does this equine have a history of: (check all that apply and explain if "yes")	
<input type="checkbox"/> Bucked <input type="checkbox"/> Reared <input type="checkbox"/> Kicked <input type="checkbox"/> Bitten <input type="checkbox"/> Other	
Explain: _____	
Is this equine easy to: (check all that apply)	
<input type="checkbox"/> Lead <input type="checkbox"/> Tie <input type="checkbox"/> Trailer <input type="checkbox"/> Clip	
Other: _____	

Can this equine be ridden by:

(check all that apply)

- Can not be ridden: lameness/injury/old age
- Can not be ridden: young / lack of training
- Children at walk
- Adults at walk
- Light/medium riding
- This equine has no riding limitations

Has this equine been trained or had experience in: *(check all that apply)*

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Trail | <input type="checkbox"/> Endurance | <input type="checkbox"/> General English |
| <input type="checkbox"/> Eventing | <input type="checkbox"/> Dressage | <input type="checkbox"/> Jumping (How high? _____) |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Youth Horse | <input type="checkbox"/> General Western Riding |
| <input type="checkbox"/> Barrel Racing | <input type="checkbox"/> Other: _____ | |
- (Please describe)*

Housing Information

In what kind of housing situation is the equine used to ? *(pasture, stall, etc.)*

What type of turnout schedule is the equine used to?

In what kind of fencing is the equine used to? *(board, tape, elec wire, etc.)*

Health Information

What and how much is the equine currently being fed?

Is the equine on any type of supplements or medications? *If yes, please describe.*

Describe any current or previous health problems:

Does the equine have any special needs?

Describe any current or previous lameness problems:

Is the equine current on vaccinations? If so, which and when were they last administered?

Disease	Date	Disease	Date
E&W Encephalomyelitis	_____	Strangles	_____
Influenza	_____	Rabies	_____
Rhinopneumonitis	_____	PHF (Potomac)	_____
Tetanus	_____	()	_____
West Niles	_____	()	_____

Does this equine have a current coggins test? *If yes, please give the date of the coggins, veterinarian who performed the coggins, and the results or attach coggins to this form.*

Date & product of last worming

Date of last time teeth were floated

Date of last sheath/udder cleaning

Date of last farrier care

General Information

Owner's Name

Veterinarian's Name

Address

Address

City/State/Zip Code

City/State/Zip Code

Telephone Number

Telephone Number

Is there anything else you can tell us about the equine that will enable us to help find him/her the best possible home?



Thank you for providing us with valuable information about the equine, it will help us find the best home possible!