

Equine Donation Questionnaire

To be completed and returned to Unbroken Equine Facilitated Healing before equine can be considered for evaluation.

Donor Contact Information

Name: _____

Address: _____

City, State, Zip _____

Phone: _____ Email: _____

Equine Information

Name of equine you are donating:

Birthday: _____ Height: _____ Weight: _____ Gender: _____

—

Breed of equine you are donating:

Is the equine registered? If so, with what registry? Registration number? Y or
N

If equine has a lip tattoo or brand, please describe:

Is the equine micro chipped? If so, whose name is the microchip under? Microchip #? Y or
N

Color of equine:

Markings on equine:

Equine's current veterinarian:

Name: _____ Phone: _____

Email: _____

Equine's current Farrier:

Name: _____ Phone: _____

Email: _____

Equine Behavior

Temperament (1-10, 1 = Very Quiet, 10 = Highly Spirited):

Willingness to connect (1-10, 1=Avoidant, 10=Clingy):

Confidence (1-10, 1=Unsure/Spooky, 10=Very Sure/Curious):

Friendliness towards people (1-10, 1=Nasty /Afraid, 10=Extremely friendly):

Friendliness towards horses (1-10, 1=Nasty/Afraid, 10=Extremely friendly):

Friendliness towards dogs (1-10, 1=Nasty/Afraid, 10=Extremely friendly):

Position held in the herd (1-10, 1=Bottom/Submissive, 10=Top/Dominant):

If the equine must be the leader, what kind of leader are they? (1-10, 1=High pressure/Bossy
10=Low pressure/Quiet):

Tendency to be 'buddy sour' (1-10, 1=Panicky, 10=Indifferent):

Food aggression towards animals and/or people (1-10, 1=Dangerous, 10=Timid):

Has this equine ever: (check all that apply and explain)

Bucked Reared Kicked Bitten Other improper behavior

What were the circumstances? (use reverse if you need more space)

How difficult is it to perform these tasks with the equine: (1-5: 1=Not difficult at all, 5=Unable to perform)

___ Catch/Halter ___ Lead ___ Cross-Tie ___ Groom ___ Clean Hooves ___ Clip
___ Bridle ___ Saddle ___ De-worm ___ Load/Unload ___ Bathe

If any scores are 4-5, is past trauma a contributing factor? If yes please explain? Y or
N

Equine Activity

*Unbroken Equine Facilitated Healing is a ground only program. Clients will not ride, and answers to these questions will not affect program eligibility.

What kind of training is this equine used to? (ex: Natural Horsemanship, Positive reinforcement, Methods such as Parelli, ect.)

Is equine currently being ridden? If not currently being ridden, why not? Y or
N

What gaits can this equine be ridden in:

- Ground Only
- Walk Only
- Walk, Trot Only
- Walk, Trot, Canter

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

General Western Riding ___ General English Riding ___ Trail Riding ___

Other: _____

Please describe any competitive experience this equine has: (use reverse if you need more space)

Does the equine: (check all that apply)

___ Direct Rein ___ Neck Rein ___ Stand quietly for mounting/dismounting

Equine Health History

Describe any current or previous lameness problems: (Use reverse if you need more space):

Describe any current or previous health problems: (Use reverse if you need more space)

Does the equine have any special needs? (Use reverse if you need more space) Y or N

Is the equine current on vaccinations? If so, which and when were they last administered? (Use reverse if you need more space) Y or N

(*Please note: All equines considered for donation to Unbroken MUST BE CURRENT on vaccinations BEFORE transport to our facility)

_____ Flu _____ Rhino _____ Rabies _____ West Nile _____ E/W/V
_____ Tetanus

What is the date of the equine's most current coggins test?

When was the last time the equine's teeth were floated?

When was the last time the equine was de-wormed?

What is the de-worming schedule and wormer?

When was the last time the hooves were trimmed?

What is the horse's schedule for trimming or shoeing?

Does the equine wear shoes? If yes, what kind and why? Y or N

What kind of housing situation is the equine used to (pasture, stall, etc)? (Use reverse if needed)

What and how much is the equine currently being fed? (Use reverse if needed)

Does the equine receive supplements? If so, what and why? Y or N

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 Unbroken Equine Facilitated Healing? (Use reverse if you need more space)
