



*Saddle Up! would like to get to know your horse prior to our first on-site evaluation. Please complete this form and return to our office so that we may begin your horse donation file. You may fax it to (615)794-7973 or email it to akurtzahn@saddleupnashville.org. Call (615) 794-1150 x30 with questions.*

*~ Thank you, Ashley Kurtzahn, Equine Manager & Saddle Up! Equine Committee*

Owner: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

Address where horse is located: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Equine's Name: \_\_\_\_\_ Registered? (Y) (N) Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ (no stallions or pregnant mares accepted) Color: \_\_\_\_\_ Height: \_\_\_\_\_

Markings/Scars: \_\_\_\_\_ How long have you owned this horse? \_\_\_\_\_

Past Use: \_\_\_\_\_

On a scale of 1-10, 1 being very calm and 10 being high spirited, how would you rate your horse? \_\_\_\_\_

Does your horse walk, trot, and canter under saddle? (Y) (N) Is your horse gaited? (Y) (N)

Please explain any w/t/c issues or gait:

\_\_\_\_\_

Has your horse had any illnesses in the past? (Y) (N) If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your horse had any type of lameness in the past? (Founder, Navicular, Laminitis)? (Y) (N)

If yes, please explain: \_\_\_\_\_

Does your horse have any allergies or chronic conditions? (Y) (N)

If yes, please explain: \_\_\_\_\_

Is your horse on any medication? (Y) (N) If yes, please explain: \_\_\_\_\_

Does your horse require special shoeing? (Y) (N) If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your horse have any vices (cribbing, weaving)? (Y) (N)

If yes, please explain: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Farrier Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please attach current veterinary records or list the latest dates for the following:*

Rhino/flu: \_\_\_\_\_ EWT/Encephalitis: \_\_\_\_\_ Rabies: \_\_\_\_\_ West Nile: \_\_\_\_\_

Other: \_\_\_\_\_ De-worming: \_\_\_\_\_ Product used: \_\_\_\_\_ Coggins: \_\_\_\_\_

Please list what you are currently feeding your horse and the amount of time it is out on pasture:

\_\_\_\_\_

\_\_\_\_\_

Does your horse:

Cross Tie: (Y) (N) Lunge: (Y) (N) Load: (Y) (N) Drive: (Y) (N)

Why do you want Saddle Up! to have this horse? \_\_\_\_\_

**Office use only:** Profile received: \_\_\_\_\_ Initial Phone Interview: \_\_\_\_\_ On-site visitation: \_\_\_\_\_

Presented to Equine Team: \_\_\_\_\_ Approved/Declined? Reasons: \_\_\_\_\_

\_\_\_\_\_ If declined, date letter sent: \_\_\_\_\_