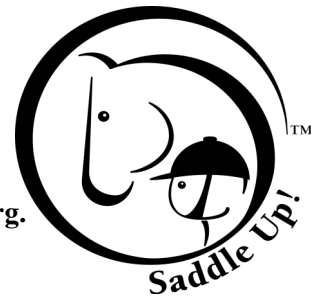


Saddle Up! would like to get to know your horse prior to scheduling an on-site visit. This form must be completed for us to consider horses for donation. Please be sure you have visited our website and reviewed our Therapy Horse Criteria at www.saddleupnashville.org/horses/ to ensure your horse qualifies for our program. You may fax this completed form to (615)794-7973 or email it to kslaton@saddleupnashville.org. Feel free to call (615) 794-1150 with any questions. ~ Thank you! Saddle Up! Staff



Owner Name: _____ E-mail address: _____

Address: _____

Address where horse is located: _____

Primary Phone #: _____ Secondary Phone #: _____

Equine's Name: _____ Registered? Yes No Breed: _____

Age: _____ Sex: Mare Gelding (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? Yes No Is your horse gaited? Yes No

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

Has your horse had any illnesses in the past? Yes No If yes, please explain: _____

Has your horse had any type of lameness in the past? (Founder, Navicular, Laminitis)? Yes No

If yes, please explain: _____

Does your horse have any allergies or chronic conditions? Yes No

If yes, please explain: _____

Is your horse on any medication? Yes No If yes, please explain: _____

Does your horse require special shoeing? Yes No If yes, please explain: _____

Does your horse have any vices (cribbing, weaving)? Yes No 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: Yes No Lunge: Yes No Load: Yes No Drive: Yes No

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

OFFICE USE ONLY:

Date profile received: _____ Approved for on-site visit: Yes No

If approved, on-site visit date: _____ If denied, reasoning: _____

Please list ALL communications with the owner on the back of this form.