



# Horse Donation Application

## General Information

Owner Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

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

Equine's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: Gelding or Mare Height: \_\_\_\_\_

Color: \_\_\_\_\_ Markings/Brands: \_\_\_\_\_ Date of birth/age \_\_\_\_\_

Estimated Value of the Horse: \_\_\_\_\_ Current location of the horse: \_\_\_\_\_

How long have you owned this horse? \_\_\_\_\_ Riding Style/Training: \_\_\_\_\_

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

Last Date Shod: \_\_\_\_\_ Shoes on: Front \_\_\_\_\_ Back \_\_\_\_\_ Corrective: \_\_\_\_\_

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

Do you agree to give Heaven's Gait Ranch permission to discuss your horse's medical records with your veterinarian?

Circle: YES / NO

Medical illnesses in the last year? Circle: YES / NO

Lameness in the last year? YES / NO If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Health History (past or present issues that may affect soundness): \_\_\_\_\_

\_\_\_\_\_

Current medications: \_\_\_\_\_ Past medications: \_\_\_\_\_

Date of Rhino/Flu: \_\_\_\_\_ Date of VEWT/Encephalitis: \_\_\_\_\_ Date of PHF/Rabies: \_\_\_\_\_

Date of Strangles: \_\_\_\_\_



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West Nile: \_\_\_\_\_ Other: \_\_\_\_\_

Date of last negative Coggins Test: \_\_\_\_\_ Date last dewormed: \_\_\_\_\_

Type of Feed & Amount: \_\_\_\_\_ Supplements & Amount: \_\_\_\_\_

Allergies: \_\_\_\_\_

Horse's Likes/Dislikes: \_\_\_\_\_

Vices/bad habits (cribbing, weaving, etc): \_\_\_\_\_

Ground Manners when: \_\_\_\_\_ Lead: \_\_\_\_\_

Groomed: \_\_\_\_\_ Tacked: \_\_\_\_\_

Ridden in Arena: \_\_\_\_\_ On Trail: \_\_\_\_\_

Does your horse safely: \_\_\_\_\_ Cross tie: YES / NO

Lunge: YES / NO      Load: YES / NO      Clip: Yes / NO

If no to any of the above, please explain: \_\_\_\_\_

Why would you like Heaven's Gait Ranch to adopt this horse? \_\_\_\_\_

Are you interested in leasing your horse rather than making a donation? YES / NO

If YES, please explain: \_\_\_\_\_

Would you like your horse returned to you if he becomes unable to do its job, or when it is time to retire? YES / NO

*I have read the Equine Trial Agreement and understand the terms of the trial period for my horse.*

**Signature of Owner/Donor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please sign the Equine Trial Agreement and complete the Horse Donation Application before mailing. Incomplete applications will delay the adoption process. Send all documents to the address located at the bottom of this form.

*Once all documents are received, HGR will contact you with any questions or schedule an appointment to meet your horse. Thank you again for considering our program.*