

Screening a Potential New Therapy Horse

First Contact Form



Date: _____

Owner's Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Horse

Name: _____

Age: _____

Sex: _____

Height: _____

Breed: _____

Color: _____

Markings/Scars: _____

Health Issues? _____

Medications? _____

Lameness? _____

What Veterinarian Do You Use? _____

Shoes? _____

What Blacksmith Do You Use? _____

How Long Have You Had This Horse? _____

Why Are You Giving This Horse Up? _____

What Has This Horse Done In The Past? _____

What has this Horse Done in the Last 6 Months? _____

Any Vices? (Cribbing, Weaving, etc) _____

How Do You Know About InStride? _____

Staff Review

General Comments: _____

InStride Representative Initials: _____

Decision: NO, call the owner back, this is not the horse we are looking for at this time.
 YES, this horse is a possible fit for our program. Set up a Site Visit.