

Hoofbeats HORSE DONATION/LOAN REVIEW & SUMMARY

Horse's Name: _____
Owner's Name: _____ PH: _____

Application received on: _____

Horse is for: 1) ____ Seasonal Loan; 2) ____ Two Year Loan; 3) ____ Donation

(Program Director checks appropriate statements below)

RED LIGHTS FOR HORSE DONATION/LOAN:

- ___ Bad behavior under saddle (bucking, rearing, bolting, aggression toward other horses)
- ___ Too lame (can't W/T/C; severe heaves; broken wind; prone to colic; advanced arthritis)
- ___ Soundness problems that might deteriorate rapidly (e.g., possible EPM or Navicular at a young age)
- ___ Too expensive (hard keeper, requires very expensive medications or shoeing)
- ___ Bad ground manners (hard to handle, bites viciously, strikes or kicks out without warning, will NOT trailer, will NOT stand still for mounting, etc.)
- ___ Temperament not suited to Program (high-strung, nervous, prone to shying, doesn't like multiple riders, etc.)
- ___ Gaits don't match our current needs (rough-gaited; too much movement)

YELLOW LIGHTS FOR HORSE DONATION/LOAN:

- ___ Some behavior problems, but may be suitable for some riders: _____
- ___ Some soundness problems, but can be managed: _____
- ___ Soundness problems that might deteriorate within 1-3 years: _____
- ___ Some past health concerns (e.g. occasional colic or choke or abscesses) but might be manageable: _____
- ___ Sound with semi-costly medications or treatments: _____
- ___ Some problems with ground manners, but possibly fixable or avoidable: _____
- ___ Some temperament concerns: _____
- ___ Size or gaits not exactly as needed, but might work: _____
- ___ Has some holes in training, but fixable: _____
- ___ Limited ring, show, trail, travel experience: _____

GREEN LIGHTS FOR HORSE DONATION/LOAN:

- ___ No behavior problems during trial period: _____
- ___ No, or only minor, soundness or health problems: _____
- ___ No W/T/C/Jump restrictions: _____
- ___ No special supplements, shoeing, or feed, except _____
- ___ Good ground manners, except _____
- ___ Good temperament for therapeutic riding: _____
- ___ Size or gaits suited to our needs: _____
- ___ Training matches our needs: _____
- ___ Has ring, show, trail, travel experience: _____

PROCESS REVIEW:

1. The horse ___ Passed, or ___ Failed the initial written application. Date: _____
Initial: _____

2. Having completed the initial application process, the horse ___ Passed, or ___ Failed the Test Ride by the Program Director. Comments:

3. Having completed the test ride, the horse is ___ Accepted, or ___ Denied for a Trial Period. Date: _____

4. The horse has completed a trial period of _____ days, and ___ Passed, or ___ Failed. Comments _____

5. Having successfully completed the application, test and trial period process, the horse is accepted into the Hoofbeats program as a ___ Seasonal Loan; ___ 2 Yr. Loan; ___ Permanent Donation.

Date: _____ Initial: _____
Owner contacted? _____