



INITIAL EQUINE QUESTIONNAIRE

Thank you for considering your equine for Sonrisas Trails Therapeutic Riding. It is the policy of Sonrisas Trails to accept donations of equines from their owners for the purpose of our Therapeutic Riding Program. Equines accepted into Sonrisas Trails program must be mentally and physically healthy and sound, and they must be able to maintain a moderate work schedule. Sonrisas Trails **is not** a sanctuary for retired equines, nor a rescue organization, but rather a place where a special category of equine comes to fill a special need. Please review our requirements as stated below, and let us know if you have any questions. Sonrisas Trails accepts equines into our program after passing an evaluation and trial period at the Sonrisas Trails facilities.

Sonrisas Trails requires the Initial Equine Questionnaire be completed, a video tape be submitted if outside the Concho Valley Area, and a visit by our staff, preferably at the equine's present location, prior to accepting a horse for trial. Upon the evaluators' recommendation, Sonrisas Trails will accept the equine for a **90 day trial period**.

If, after the designated time period, the equine is not considered appropriate for Sonrisas Trails program. **Sonrisas Trails will return the equine to the owner or donate it to The West Texas Boys Ranch.** Acceptance of the equine for a trial period **does not** obligate Sonrisas Trails to accept the equine into its program.

Sonrisas Trails requests:

We would like the owner to demonstrate or have someone demonstrate how the equine moves in hand and under saddle at a walk, trot and canter (if the owner is capable) at the initial evaluation or by video. We would also like to ride the horse for ourselves at your location before accepting a trial at our facility.

We would prefer the equine be recently trimmed/shod and have a negative Coggins test within the last 12 months before coming to the Sonrisas Trails facilities.

The equine needs to be able to load and travel properly in a horse trailer.

We would like a copy of the equine's previous year's veterinary records (including vaccinations, teeth floating, and any other visits from the vet, if available) as well as be current on all shots.

The owner will need to pay for any major medical costs (more than \$250.00) related to their equine during the trial period.

The equine needs to pass the initial evaluation and vet check if requested.

The equine needs to have a calm, patient and friendly temperament with excellent ground manners

Ideally the equines age should be between 8-17 years old

Sonrisas Trails cannot accept equines:

- With EIA
- With EPM or neurological conditions
- That are blind in one or both eyes
- That are stallions
- Prefer not to take horses over 20 years of age

If you feel like your horse will respond and thrive in a therapeutic riding program, please fill out this form below and email it to mkirkwood@sonrisasriding.org .



INITIAL EQUINE QUESTIONNAIRE

Owner Contact Information:

Date: _____

Name: _____

Address: _____

City, State, Zip _____

Contact Phone: _____ Contact Email: _____

Equine Information: Answer to the best of your knowledge

Name: _____ AKA: _____

DOB: _____ Sex: _____ Height: _____ Weight: _____

Breed: _____ Registration Number: _____

Color including Markings: _____

Date of last (if known): _____ Coggins: _____ Vaccines: _____ Farrier: _____

Float: _____ Worming: _____

*Please acknowledge that the answers below **will not disqualify or guarantee** a trail period. We are just getting as much info as possible before the initial evaluation.*

Comments:

GROUND WORK: Our therapy horses are used extensively in hand. Has this horse been shown or trained in-hand?
Please explain:

Can this horse be lunged on a lunge line? Circle one Yes or No

Does this horse have round pen experience? Circle one Yes or No

Can this horse be caught easily in the turnout area? Circle one Yes or No

Does the horse trot in hand? Circle one Yes or No

Does the horse stand tied without pawing or whinnying? Circle one Yes or No

Does this horse stand quietly for a farrier and veterinarian? Circle one Yes or No

Does this horse load in a trailer with little or no fuss? Circle one Yes or No

Questions and Concerns:

Does this horse have any physical limitations? Circle one Yes or No

If Yes Explain:

Does this horse walk-trot-canter? Circle one Yes or No

If no Explain:

How long have you owned this horse?

Why are you looking for a new home for this horse?

Why do you think this horse is a good candidate for therapeutic riding?

What are the various disciplines that this horse has participated in? (Trail riding, showing English or Western, barrels, roping, ranch work pleasure only, etc.)?

How often was it ridden while in your care? (i.e., two or three times a week, two or three times a month, two or three times a year, etc.)

When was this horse last ridden?

While in your care, has this horse lived with other horses in a pasture, or has it been kept in a stall?

How does the horse act with and around other horses (turned out or while working)?

What, if any, bad habits does this horse have?

What is the health history of this horse?

On a scale of 1 to 10 where 1 is an untrained horse and 10 is a completely trained horse and can be ridden by a first time rider, how would you rate this horse?

Additional Information:

After reading and understanding the above guidelines and answering the questions to the best of my ability, I would like Sonrisas Trails to evaluate my equine. If my equine passes the initial evaluation, I will send the necessary documents for my tax deductible donation receipt and the horse records that are available. I also understand that if my equine is not a good fit for Sonrisas Trails, I will take the horse back or the horse will be donated to the West Texas Boys Ranch.

I would like my horse to come back to my care I would like to Donate to The West Texas Boys Ranch

Signature _____ Date _____

Please return with completed Equine Donation Questionnaire to:

Sonrisas Trails Therapeutic Riding
c/o Megan Kirkwood – Program Director
P.O. Box 1093
San Angelo, TX 76902
Phone:325-949-4837
Cell:432-413-3656
Email: mkirkwood@sonrisasriding.org