



Potential Horse Evaluation *Initial Interview*

Being a therapeutic riding horse is a difficult job; not every horse is cut out for our program. A typical horse in our program works two to three lessons per day on four or five days per week. A horse in our program must be very quiet and patient with the riders. Because our riders have special needs, we must be very selective in choosing our horses. The first step in having your horse evaluated is to fill out the attached information sheet and email it back to us at programdirector@therightstepinc.org. After we review the information sheet we will call or email you to discuss your horse as a candidate for our program. If your horse seems to be a good fit, we will schedule an on-site evaluation. After that, if your horse still seems to be a good fit, we will bring him/her to The Right Step, Inc. for a 30 day Trial Period.

Horse Name: _____ Date: _____

Owner: _____ Phone: _____

Address: _____

Email: _____ Is the horse on your property? _____

If not, where is the horse located? _____

Breed: _____ DOB: _____ Sex: _____ Color: _____ Height: _____ Weight: _____

Years Owned: _____ Registered: _____ Reason for Donation: _____

How did you hear about The Right Step, Inc.? _____

Is your horse current on vaccines, farrier, dental, & worming? Please give the current date for each (Month/Year).

Vaccines: _____ Worming: _____ Dental: _____ Farrier: _____

Wears shoes? _____ Front: _____ Hind: _____ Corrective: _____

Does any of the following apply to your horse?

Cribbing:_____	Lameness or Past Injury:_____	Cinchy:_____
Vision Impairment:_____	Surgery in Past:_____	Colic:_____
Hearing Impairment:_____	Hock Injections:_____	Foundered:_____
Dental Problems:_____	Afraid of Water:_____	Head Shy:_____
Swayed Back:_____	Ring Bone/Side Bone:_____	Navicular:_____
Afraid of Moving Vehicles:_____		Bites:_____
Has not been with owner more than a year:_____		Arthritis:_____

Has your horse had formal training? If yes, what type? _____

What type of riding has your horse done? _____

What type of bit and saddle do you use? _____

When was your horse last ridden and how often? _____

Have you ever ridden your horse in pads and/or a halter? If yes, how did he/she respond? _____

How would you judge your horse's ability to tolerate any of the following: loud noises, moving objects, and/or quick movements? _____

How might your horse respond to an unbalanced rider? _____

Has your horse ever been around children? If yes, how did he/she respond? _____

Has your horse ever been around large groups of people and horses, such as at a horse show? How did he/she react to the activity? _____

Can your horse be touched anywhere on his/her body? _____

Does your horse turn left, right, stop and move forward easily? _____

Does your horse walk, trot, and canter in both directions easily? _____

Does your horse back up easily both on lead and when ridden? _____

Does your horse have good ground manners? _____

Is your horse claustrophobic (trailer, wash rack)? _____

Does your horse tie, clip, and load easily? _____

Does your horse tie to a rail? _____ Cross-tie? _____ Stand patiently? _____

Does your horse pick up his/her feet easily? _____

How is your horse for the farrier? _____

Does your horse get along well with other horses? _____

In adjacent stalls (over the fence)? _____

In turn out together? _____

If your horse is a mare, is she moody when cycling or when around other mares or geldings? _____

When your horse is startled or spooked, how does he/she act? _____

Are there any unusual behaviors (good or bad) that we should know about your horse? _____

Please provide any further information about your horse that you feel would be helpful in our assessment: _____

Current Feeding Plan (please specify type/brand and amount):

Morning

Afternoon

Evening

Hay:

Hay:

Hay:

Grain:

Grain:

Grain:

Supplements:

Supplements:

Supplements:

Other:

Other:

Other:

For The Right Step, Inc. Use Only

Returned Contact: _____

Scheduled Evaluation: _____

Horse taken in on Trial Period: _____

Release Date: _____

Reason for Release: _____

Acceptance Date: _____