

People & Animal Learning Services (PALS)

Horse Questionnaire

Name of Owner: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____

Email Address: _____

Preferred method of contact: Phone _____ Email _____

Name of Animal: _____ Breed/Type: _____ Height: _____

Age: _____ Sex: _____ Color: _____ Papers: Yes No

Registered Number: _____

Reason you are looking to donate your horse to PALS: _____

MEDICAL INFORMATION:

Present health condition (impairments of wind, limb, sight, etc.): _____

Has horse ever been ill (colic, choke, etc...)? Yes ___ No ___

If yes, please explain: _____

Has horse ever been injured or lame? Yes ___ No ___

If yes, please explain: _____

Is horse currently taking any medications or supplements? Yes ___ No ___

If yes, please list _____

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Has this animal ever had an allergic reaction to anything? Yes____ No____

If yes, please describe:

Date and type of last worming:_____

Date when horses teeth were last floated:_____

Please check which annual shots have been given to horse and date they were given:

Tetanus Date_____ Rhino Date _____

Flu Date_____ Rabies Date_____

E/W Encephalitis Date _____ Strangles Date_____

West Nile Date_____

Date of last coggins test: _____

Is horse shod? Yes ____ No____

If yes: Please describe any type of corrective shoeing this horse/pony receives: _____

HABITS AND EXPERIENCE:

Last time horse was ridden consistently (more than once a week at a walk/trot or walk/trot/canter):

Currently ridden consistently____ Within the last 6 months____ Within the last year____

Horse has not been consistently ridden in the last year____

What type of work did horse/ pony do (4H, dressage, hunter/jumper, western pleasure, trail riding, etc...):_____

Of sound mind and body, is horse able to (check all that apply):

walk____ trot____ canter____ jump____ trail ride____

Has horse ever bucked? Yes____ No____ If yes, please explain circumstance:_____

Has horse ever reared? Yes____ No____ If yes, please explain circumstance: _____

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Has horse bitten or kicked a person? Yes____ No____

If yes, please explain: _____

Does horse have any vices (cribbing, weaving, pacing, etc...)? Yes____ No____

If yes, please explain: _____

Has horse been around children? Yes____ No____

Has horse been around other horses? Yes____ No____

What is this horses preferred place in the herd: Dominant____ Middle of pack____ Bottom of herd____

On a scale from 1-10 (1 being bombproof), please rate temperament of horse: _____

What does horse like? _____

What does horse not like? _____

Is horse used to a trailer? Yes____ No____ I don't know ____

Would you be able to/willing to transport horse to PALS if necessary? Yes____ No____

Anything else you think PALS should know about your horse? _____

Thank you for considering PALS as a new home for your horse!

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