Dear Potential Horse Donor:

Thank you for your interest in donating your horse to REINS Therapeutic Horsemanship Program! We provide disabled children and adults therapy on horseback! The Benefits of this therapy reach all sorts of disabilities. We have seen non-verbal students learn to sing, paraplegic riders learn to walk and students with all sorts of disabilities overcome some of the challenges in their lives and live with a little more ease. In addition to the strength our students gain from riding their horse they also learn about the love, care and responsibility of horsemanship while creating a relationship that bridges the human and animal world.

Our therapy horses are the key tool in our therapy sessions and because of their special job each REINS horse is hand selected and goes through an extensive ninety-day trial.

Due to the physical and demanding nature of the work required of our therapy horses, we cannot accept any horses with the following attributes:

- over the age of 20.
- unsound at the walk, trot or canter.
- in need of special shoeing.
- require daily medications
- bad ground manners or vices.

To help you decide if your horse would be a candidate for our program, please read ‘Does Your Horse Have what it Takes?’

To help ensure that your horse has is a good fit for our program, please fill out the attached form as completely as possible. We also ask that you include pictures, either through mail at P.O. Box 1283, Bonsall, CA 92003 or through email at kaitlyn@reinsprogram.org. Thank you for considering REINS as a potential home for your cherished horse.

Sincerely,

Kaitlyn Siewert
Program Assistant
REINS Therapeutic Horsemanship Program Horse Application

Horse Info

Name: _________________________________________  Name: _________________________________________
Breed: _________________________________________  Phone #: _________________________________________
Age: ________________  Height: ___________________  Email: _________________________________________
Sex: ________________  Color: _____________________  Address: _________________________________________

Reason for Donation: ____________________________________________________________
______________________________________________________________________________

Horse History

Show / Riding History: (please circle all that apply)

Trail  Dressage  Lesson Horse  Hunter/Jumper  Western  Pleasure

Other: ____________________________________________________

Does your horse currently have or have had in the past 10 years any of the following?: (please circle all that apply)

Ring Bone  Navicular  Founder/Laminitis  Arthritis  Colic  Ulcers  Cribbing/Windsucking

Please list any additional conditions/lameness/conformational abnormalities: ____________________________________________
______________________________________________________________________________

Please list any current medications or treatments: ________________________________________________

Current Food Regimen: ________________________________________________________________

Current Vet: _______________________________________________  Phone # ___________________________

Ownership History: ________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Current Rider Info: Age: _________  Weight: __________  Height: ________  Ability Level: ____________

Additional Information: ______________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________