

HORSE INQUIRY FORM

We are interested in learning more about the horse you have for lease or donation. Charleston Area Therapeutic Riding (CATR) has very specific needs, as it takes a unique horse to help ensure the safety of our special riders so we require up to a three-month trial period to determine if the horse is suitable and happy in our programs. During the trial period, ownership of the horse remains in the donor/seller. Only upon acceptance of the horse in writing from CATR does ownership of the horse pass to CATR. During this trial period, CATR has the option in its sole discretion to determine that the horse is unsuitable for its program, whereupon CATR shall return the horse to the owner and CATR is released from any further obligation hereunder.

If you would like to learn more about what we do, please visit our website: www.catr-program.org

CATR's therapy horses are:

- Sound, sane, calm, patient and sturdy
- Handled by multiple instructors and volunteers on a daily basis
- Tolerant of up to 2 side walkers, 1 leader and an instructor
- Tolerant of unsteady and or noisy riders
- Tolerant of the use of toys or games used by side walkers and riders
- Groomed and tacked on cross ties by volunteers and students
- Used for independent riders and lead line lessons at the walk and trot
- Ridden in a covered arena, outdoors and on trails

In addition:

- We cannot take horses that require a cribbing strap.
- We cannot take horses with impaired vision.
- We cannot take horses who are not actively in work.
- We cannot take horses over 16 years old.
- We cannot take horses who cannot canter.
- We cannot take horses who have EPM.
- We cannot take horses over approximately 16hands or under 14hands.

If you feel your horse meets these requirements, please complete the attached questionnaire and email it to our Program Director Anja Cain - acain@catr-program.org.

OWNER/AGENT INFORMATION

Name: _____

Phone: _____ Email: _____

Address:

HORSE INFORMATION

Horse Name:

Age: _____ Height: _____ Gender: _____

Color: _____ Breed: _____

Transaction Type: Lease/Donate

If the horse is placed with CATR once they are ready to retire: (please initial choice)

1. Initial Here: _____ **Return to Owner/Agent identified above.** If this option is selected, upon notification from CATR to the Owner/Agent that the horse is no longer suitable for the CATR program, which determination shall be made in the sole and absolute discretion of CATR, the Owner/Agent agrees to pick up the horse from the CATR facility within ten (10) days from notification by CATR. The Owner/Agent is responsible for ensuring that their contact information remains current with CATR. In the event that CATR is unable to make contact with the Owner/ Agent or in the event that the Owner/Agent fails to pick up the horse within ten (10) days (unless alternative arrangements are agreed upon with CATR), then the Owner/Agent shall be deemed to have elected to exercise Option 2 below and hereby releases CATR and its employees, officers, directors and volunteers of and from any and all causes of action arising hereunder.

2. Initial Here: _____ **Ownership Permanently and Irrevocably Given to CATR.** If this option is selected, once said horse is no longer suitable for the CATR program, which determination shall be made in the sole and absolute discretion of CATR, CATR is authorized to take such action as is in the best interests of the horse considering all factors including the comfort of the horse. This entitles CATR to give or donate the horse to another suitable farm, which may or may not be another charitable organization. In addition, this entitles CATR to euthanize the horse if this is determined to be in the best interests of the horse when considering all factors. The Owner/Agent hereby releases CATR and its employees, officers, directors and volunteers of and from any and all causes of action arising hereunder due to exercise of this option.

BOARDING INFORMATION

Name of Farm: _____

Address of Farm:

Contact Person: _____

Contact Phone: _____ Contact Email: _____

CURRENT USAGE, TRAINING AND GENERAL MANAGEMENT:

How long have you owned the horse? _____

Why are you re-homing the horse?

What is the horse's current work load? _____

Has the horse done beginner lessons before (Walk/Trot/Canter)? YES or NO

Has the horse: Ever been hand-lead with a mounted rider? YES or NO

Ever been in a covered arena? YES or NO

Had any history of ailments, colic, lameness? YES or NO

If Yes, explain:

Is the horse on any medications or supplements? YES or NO

If Yes, explain:

What kind of shoeing does the horse require?

Ever been off property? If yes, for what and how often?

Does the horse have any issues with the vet, farrier, dentist, trailers, clippers, etc? If yes, please explain:

Has your horse ever choked?

If Yes, please provide dates and details:

CURRENT FEED AND CARE REQUIREMENTS:

Any additional feeding information (pasture, ground feeder, etc.):

Turnout information (gate, fly mask, sun sensitivity, etc.):

Blanketing information: _____

Allergies: _____

Other notable characteristics or information? _____

Anything additional you wish CATR to know about your horse?

Current Feed and Care Requirements:

	Brand/Kind	Amount	Frequency
Hay			
Grain			
Supplement			
Supplement			
Supplement			

Current Veterinarian: _____

Current Farrier: _____

Current Dentist: _____

Date of last Coggins test (please attach copy): _____

Date of last Rabies vaccine (please attach copy): _____

Date of Eastern and Western Encephalitis and Tetanus Combo: _____

Date of West Nile Virus: Date of Flu and Rhino Virus: _____

Date of Potomac Horse Fever Vaccine: _____

Date of Strangles Intranasal Vaccine: _____

Date of last deworming and Schedule: _____

EMERGENCY INFORMATION

If your horse coliced and you were not available, would you elect to have colic surgery performed, regardless of the cost or possible outcome? YES or NO

If your horse required other emergency medical or surgical care and you were not available, would you elect to proceed, regardless of the cost or possible outcome? YES or NO

If yes to either question please provide us with a copy of your major medical insurance policy and a credit card number for payment. Please note, CATR will not advance any funds for colic surgery or any other major medical procedure and you must provide us with payment information. In the event that you are unwilling and/or unable to cover the cost of such procedures, you authorize CATR to take such action as is in the best interests of the horse including, but not limited to, euthanasia, if necessary. The Owner/Agent hereby releases CATR and its employees, officers, directors and volunteers of and from any and all causes of action arising hereunder due to exercise of this option.