



CKRH OFFICE NOTES ONLY
Evaluation Scheduled for:
Or CKRH Reason for Declining:
TRIAL HORSE APPLICATION
Date:
Name of Owner:Phone:
Address:
Name of horse/pony:
Age: years Sex: Breed:
Height: hands Build (light/average/heavy):
Would you like to donate or free lease your horse to CKRH and why? (please state your preference if you have one)
If, after evaluation, the horse is determined to be a candidate for trial are you willing to allow the horse to come to CKRH for a 90 day trial period?
How long have you owned this horse and how did you acquire him?
General Care & Health Does this horse have any medical conditions or is he on any special medications or supplements
Has this horse ever foundered or shown symptoms of colic?
Is the horse walk/trot/canter sound or does he have any limitations?
Does this horse have any history of lameness, injury, arthritis, or surgeries? Joints injected?
What is the current level of care? Pastured 24/7 vs. stalled / Feed requirements?
Does this horse need shoes? Corrective or special shoes?
When was this horse last dewormed? What product was used?
When was this horse last vaccinated? Which vaccinations did he receive?
Has this horse had a Coggins test?Date:





Disposition, Training & Experience

What is this horse's attitude towards his owner? Stranger

What rank is this horse with other horses? Dominant / Middle / Low Does this horse kick or bite people or other horses that are riding with him? Does this horse have any vices or bad habits (cribbing)? Does this horse kick when another horse approaches from behind? Is this horse herd bound/have problems with separation anxiety? Does this horse mind being in a stall? Does this horse tie, cross tie, and/or ground tie? How are his ground manners when leading, picking feet, brushing, saddling, bridling? (Leading: Too quick/too slow; Pick up all 4 hooves? Pushy? Mouthy/Nippy? Girthy?) What type of riding and other activities have you done with this horse? Type(s) of Saddle & Pads Used: Bridle(s): _____Other Tack: _____Other Tack: What did this horse do before you owned him? When was the last time this horse was ridden and how often is he worked? What level rider can handle this horse? Does this horse have any professional training? Does this horse trailer?

Trail riding
Ridden by children
Pony Club
Jumping
Lunging or Long lining

Has your horse done any of the following? (Circle all that apply)

Natural horsemanship training

Ridden bareback Shown: What discipline? Trot over poles or cavaletti Driving Round penning





Which of the following riding maneuvers is your horse familiar with (Circle all that apply)

Direct rein or Neck rein
Walk/Trot/Canter on loose rein?
Does he go in a frame or work collected?
Does he halt squarely?
Turn on the forehand or haunches
Side pass
Shoulder in/shoulder out

Trot or Jog? Both? Walk/Trot/Canter with contact? Does he back? Pick up canter leads consistently Leg yield Flying lead changes

If we decide to evaluate your horse is there an open field, pasture, ring/indoor arena or another area where we may ride? Outdoor or indoor?

According to CKRH policy, the owner (or someone acting on the owner's behalf) must ride the horse in front of CKRH evaluators before the evaluators may ride. Please understand that we may not give your horse a fair evaluation if we must also supervise small children. Please make arrangements for children prior to your horse's evaluation. Thank you.

Owner's Availability for Initial Visit: Please list days and times that you are available.	
Location of Horse/Pony & Directions (please include road conditions):	

Please return your completed form by one of the following:

Central Kentucky Riding for Hope Attn: Lisa Swanson P.O. Box 13155 Lexington, KY 40583

lisas@ckrh.org

Fax: (859) 252-5016

Thank you for taking the time to provide this important information. We will review your application and contact you to let you know if your horse is a candidate for evaluation for trial at CKRH.