



# Freedom Ride – Horse Donation Profile

Freedom Ride would like to get to know your horse prior to an on-site evaluation visit.  
Please complete this form and return to our office.  
You may fax to 407-293-6280 or mail it to 1905 Lee Road, Orlando FL 32810

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Horse name: \_\_\_\_\_ Breed: \_\_\_\_\_ Mare Gelding

Age: \_\_\_\_\_ Height: \_\_\_\_\_ How long have you owned the horse: \_\_\_\_\_

Location where horse is boarded: \_\_\_\_\_

### **Training History:**

English  Western Type of bit used: \_\_\_\_\_

Training Background: \_\_\_\_\_

\_\_\_\_\_

The last time horse was ridden: \_\_\_\_\_

How often is the horse ridden: \_\_\_\_\_

Does the horse need artificial aides when ridden:  NO  YES: \_\_\_\_\_

Can the horse:  Walk  Trot  Canter -  Pick up both leads? \_\_\_\_\_

### **Health History:** (we require a copy of current coggins and shot record prior to visit)

Date of last shots: \_\_\_\_\_ Coggins: \_\_\_\_\_ Teeth floated: \_\_\_\_\_

Does horse have any health problems:

Navicular  Founder/Laminitis  Arthritis  Non-sweating  Nose bleeds  Colic

other injuries \_\_\_\_\_

Is horse currently on any medications: \_\_\_\_\_

Is horse currently stalled:  YES  NO If yes, how long per day: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Farrier/HoofCare:**

Does horse wear shoes:  YES  NO If yes, please explain: \_\_\_\_\_

Date of last trim: \_\_\_\_\_ Farrier name: \_\_\_\_\_

### **Feed/Supplements:**

Type of feed: \_\_\_\_\_ How much daily: \_\_\_\_\_

Type of hay: \_\_\_\_\_ How much daily: \_\_\_\_\_

Any supplements: \_\_\_\_\_

Deworming Schedule:  Daily  Rotational Paste Product used: \_\_\_\_\_

### **Behavior/Vices** (cribbing, weaving, etc.):

Please describe your horse's temperament, any behavior issues, vices, etc.

\_\_\_\_\_

\_\_\_\_\_

What is a typical spook response:  Side step  Spin  Run  Rear  Other: \_\_\_\_\_

### **Does your Horse:**

Stand for Farrier  YES  NO Cross Tie  YES  NO Lunge  YES  NO Load nicely on

and off trailer:  YES  NO Good for general vet visits  YES  NO

### **Reason for wanting to donate:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_