



TRIAL HORSE SCREENING FORM

Initial Call Date: _____ Follow up: _____

Name of Owner: _____ Phone: _____

Address: _____

Name of horse/pony: _____

Age: ____ years Sex: ____ Breed: _____

Height: _____ hands Build: _____

Quick Assessment Questions: (Entire form does not need to be completed if the horse is not a candidate for evaluation after answering these questions) Include date, severity, and treatment for all medical questions.

How long have you owned this horse?

Is the horse walk/trot/canter sound or does he have any limitations?

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 vices or bad habits (cribbing)?

Does this horse kick or bite people or other horses that are riding with him?

Does this horse have any history of lameness, injury, arthritis, or surgeries? Joints injected?

Has this horse ever foundered or shown symptoms of colic?

Does this horse need shoes? Corrective or special shoes?

What is the current level of care? Pastured 24/7 vs stalled / Feed requirements?

Does this horse have any medical conditions or is he on any special medications or supplements?

Personality/Disposition/Attitude Toward People:

Reason for Donating or Leasing:

If, after evaluation, the horse is a candidate for trial is the owner willing to allow the horse to come to CKRH for a 90 day trial period?

YES / NO

Continue with additional questions

OR

CKRH Reason for Declining: _____



Additional Questions:

Manners

Does this horse tie? Cross tie? 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 rank is this horse with other horses? Dominant / Middle / Low

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?

Training/Usage

Type(s) of Saddle & Pads Used: _____

Bridle(s): _____ Bit(s): _____ Other Tack: _____

Primary Use:

Does this horse have any professional training?
What did this horse do before you owned him?
Does this horse trailer?

Has he done any of the following? (Y/N)

NOTES:

Trail riding
Ridden bareback
Ridden by children
Shown: What discipline?
Pony Club
Trot over poles or cavaletti
Jumping
Driving
Lunging or Long lining
Round penning
Natural horsemanship training



Riding Maneuvers:

NOTES:

- Direct rein or Neck rein
- Trot or Jog? Both?
- Walk/Trot/Canter on loose rein?
- Walk/Trot/Canter with contact?
- Does he go in a frame or work collected?
- Does he back?
- Does he halt squarely?
- Pick up canter leads consistently
- Turn on the forehand or haunches
- Leg yield
- Side pass
- Flying lead changes
- Shoulder in/shoulder out

Location of Horse/Pony: _____

Riding Location: Is there a field/ring/indoor arena?

Owner's Availability for Initial Visit: _____

Please describe the road conditions that must be traveled to arrive at your location:

NOTES AND/OR DIRECTIONS: