

**Cassidy's Cause
Therapeutic Riding Academy**

6075 Clinton Rd
Paducah, KY 42001
270-554-4040 Office
270-554-0023 Fax

Therapeutic Horse Application

Date: _____

Name of Owner: _____ Phone: _____

Address: _____

Name of horse/pony: _____

Age: _____ years Sex: _____ Breed: _____

Height: _____ hands Built (light/average/heavy): _____

Would you like to **donate** or **free lease** your horse to Cassidy's Cause Therapeutic Riding Academy, Inc. 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 Cassidy's Cause Therapeutic Riding Academy, Inc. for a 90 day trial period?

How long have you owned this horse and how did you acquire him/her?

General Care & Health

Does this horse have any medical conditions or is he/she 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/she 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? _____ Yes _____ No Date: _____

Disposition, Training & Experience

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

What rank is this horse with other horses? Dominant / Middle / Low

Does this horse kick or bite people or other horses that are riding 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/her ground manners when leading, picking feet, brushing, saddling, bridling?
(Leading: Too quick/too slow; Pick up all 4 hooves? Push? Mouthy/Nippy? Girthy?)

What type of riding and other activities have you done with this horse?

Type(s) of Saddle & Pads Used: _____

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

What did this horse do before you owned him/her?

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? _____ Yes _____ No Does this horse back out of a trailer (straight)? _____ Yes _____ No

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

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

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

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

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 Cassidy's Cause Therapeutic Riding Academy, Inc. policy, the owner (or someone acting on the owner's behalf) must ride the horse in front of Cassidy's Cause Therapeutic Riding Academy, Inc. 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:

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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 Cassidy's Cause Therapeutic Riding Academy, Inc.