



Animal Protection Coalition, Inc.

Equine Donation Questionnaire

Equine Information

Horse's Name	Gender
Breed	Age
Height	Weight
Color/Markings	
Is the equine registered? If so please name the Registry or Association Name & the Horse's Registration #	
Does the equine have a lip tattoo? If so, what is the tattoo?	
Is the equine branded? Where is brand located? Please describe the brand or draw it here:	

Temperament & Training Information

How long have you owned this equine?	
Temperament <i>(circle one)</i>	1 = Very Quiet 2 3 4 5 6 7 8 9 10 = Highly Spirited
Friendliness with people <i>(circle one)</i>	1 = Nasty/Afraid 2 3 4 5 6 7 8 9 10 = Very friendly
Friendliness with horses <i>(circle one)</i>	1 = Nasty/Afraid 2 3 4 5 6 7 8 9 10 = Very friendly
Friendliness towards dogs <i>(circle one)</i>	1 = Nasty/Afraid 2 3 4 5 6 7 8 9 10 = Very friendly
Does this equine have a history of: (check all that apply and explain if "yes")	
<input type="checkbox"/> Bucked	<input type="checkbox"/> Reared
<input type="checkbox"/> Bitten	<input type="checkbox"/> Kicked
<input type="checkbox"/> Other	
Explain: _____	

Is this equine easy to: (check all that apply)

Lead Tie Trailer Clip Pick Up Hooves

Other: _____

Can this equine be ridden by:

(check all that apply)

Can not be ridden: lameness/injury/old age

Can not be ridden: young / lack of training

Children at walk

Adults at walk

Light/medium riding

This equine has no riding limitations

Has this equine been trained or had experience in: (check all that apply)

Trail

Endurance

General English

Eventing

Dressage

Jumping (How high? _____)

Driving

Youth Horse

General Western Riding

Barrel Racing

Other: _____

(Please describe)

Housing Information

In what kind of housing situation is the equine used to ? *(pasture, stall, etc.)*

What type of turnout schedule is the equine used to?

In what kind of fencing is the equine used to? *(board, tape, elec wire, etc.)*

Health Information

What and how much is the equine currently being fed?

Is the equine on any type of supplements or medications? *If yes, please describe.*

Describe any current or previous health problems:

Does the equine have any special needs?

Describe any current or previous lameness problems:

