HORSE INQUIRY FORM

We are interested in learning more about the horse you have for donation. Great Oak Equine Assisted Programs has very specific needs, as it takes a unique horse to help ensure the safety of our special riders so we require up to a two month trial period to determine if the horse is suitable and happy in our programs. During the trial period, ownership of the horse remains in the donor/seller. Only upon acceptance of the horse in writing from Great Oak does ownership of the horse pass to Great Oak. During this trial period, Great Oak has the option in its sole discretion to determine that the horse is unsuitable for its program, whereupon Great Oak shall return the horse to the owner and Great Oak is released from any further obligation hereunder.

If you would like to know more about what we do, please visit our website: greatoakeap.org

Great Oak therapy horses are:
- Serviceably sound, sane, calm, patient and sturdy.
- Used in 30 minute lessons up to 6 times daily and six days a week.
- Handled by multiple instructors and volunteers on a daily basis.
- Tolerant of up to 2 side walkers, 1 leader and an instructor.
- Tolerant of unsteady and or noisy riders.
- Tolerant of the use of toys or games used by side walkers and riders.
- Groomed and tacked on cross ties by volunteers and students.
- Used for independent riders and lead line lessons at the walk and trot.
- Ridden indoors, outdoors and on trails.
- Capable of carrying at least 225 pounds of weight.

In addition:
- We cannot take horses that require a cribbing strap.
- We cannot take horses with impaired vision.
- We cannot take horses who are not actively in work.
- We have large paddocks with run-in sheds.

If you feel your horse meets these requirements, please complete the attached questionnaire and email it to info@greatoakeap.org.
OWNER/AGENT INFORMATION

Name: ____________________________
Phone: ____________________________
Email: ____________________________
Address: ____________________________

HORSE INFORMATION

Horse Name: ____________________________
Age: ________ Height: ________ Gender: ________ Color: ________
Breed: ____________________________ Rider Weight Limit: ____________________________
Transaction Type: Lease/Donate

If the horse is placed with Great Oak and they are ready to retire: (please initial choice)

1. Initial Here: ________ Return to Owner/Agent identified above. If this option is selected, upon notification from Great Oak to the Owner/Agent that the horse is no longer suitable for the Great Oak program, which determination shall be made in the sole and absolute discretion of Great Oak, the Owner/Agent agrees to pick up the horse from the Great Oak facility within ten (10) days from notification by Great Oak. The Owner/Agent is responsible for ensuring that their contact information remains current with Great Oak. In the event that Great Oak is unable to make contact with the Owner/Agent or in the event that the Owner/Agent fails to pick up the horse within ten (10) days (unless alternative arrangements are agreed upon with Great Oak), then the Owner/Agent shall be deemed to have elected to exercise Option 2 below and hereby releases Great Oak and its employees, officers, directors and volunteers of and from any and all causes of action arising hereunder.

2. Initial Here: ________ Ownership Permanently and Irrevocably Given to Great Oak. If this option is selected, once said horse is no longer suitable for the Great Oak program, which determination shall be made in the sole and absolute discretion of Great Oak, Great Oak is authorized to take such action as is in the best interests of the horse considering all factors including the comfort of the horse. This entitles Great Oak to give or donate the horse to another suitable farm, which may or may not be another charitable organization. In addition, this entitles Great Oak to euthanize the horse if this is determined to be in the best interests of the horse when considering all factors. The Owner/Agent hereby releases Great Oak and its employees, officers, directors and volunteers of and from any and all causes of action arising hereunder due to exercise of this option.
BOARDING INFORMATION

Name of Farm: ____________________________
Address of Farm: ____________________________

Contact Person: ____________________________
Contact Phone: ____________________________
Contact Email: ____________________________

CURRENT USAGE, TRAINING AND GENERAL MANAGEMENT:

How long have you owned the horse? ____________________________
Why are you re-homing the horse? ____________________________
What is the horse’s current work load? ____________________________

Has the horse done beginner lessons before (W/T/C)? YES or NO

Has the horse:
- Ever been hand-lead with a mounted rider? YES or NO
- Ever been in an indoor arena? YES or NO
- Had any history of ailments, colic, lameness? YES or NO
- Is the horse on any medications or supplements? YES or NO

What kind of shoeing does the horse require? ____________________________

Ever been off property? If yes, for what and how often? ____________________________

Does the horse have any issues with the vet, farrier, dentist, trailers, clippers, etc? If yes, please explain: ____________________________
CURRENT FEED AND CARE REQUIREMENTS:

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Any additional feeding information (pasture, ground feeder, etc.): ______________________________________________________

Turnout information (gate, fly mask, sun sensitivity, etc.): ______________________________________________________

Blanketing information: ______________________________________________________

Allergies: ______________________________________________________

Other notable characteristics or information? Anything additional you wish Great Oak EAP to know about your horse? ______________________________________________________
VETERINARY INFORMATION

Current Veterinarian: ____________________________________________

Current Farrier: ______________________________________________

Current Dentist: _____________________________________________

Date of last Coggins test (please attach copy): ___________________

Date of last Rabies vaccine (please attach copy): ________________

Date of Eastern and Western Encephalitis and Tetanus Combo: __________

Date of West Nile Virus: ______________________________________

Date of Flu and Rhino Virus: __________________________________

Date of Potomac Horse Fever Vaccine: _________________________

Date of Strangles Intranasal Vaccine: __________________________

Date of Deworming Schedule: _________________________________

EMERGENCY INFORMATION

If your horse coliced and you were not available, would you elect to have colic surgery performed, regardless of the cost or possible outcome?  **YES** or **NO**

If your horse required other emergency medical or surgical care and you were not available, would you elect to proceed, regardless of the cost or possible outcome?  **YES** or **NO**

If yes to either question please provide us with a copy of your major medical insurance policy and a credit card number for payment. Please note, Great Oak EAP will not advance any funds for colic surgery or any other major medical procedure and you must provide us with payment information. In the event that you are unwilling and/or unable to cover the cost of such procedures, you authorize Great Oak to take such action as is in the best interests of the horse including, but not limited to, euthanasia, if necessary. The Owner/Agent hereby releases Great Oak and its employees, officers, directors and volunteers of and from any and all causes of action arising hereunder due to exercise of this option.