



GREAT OAK

EQUINE ASSISTED PROGRAMS

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.

GREAT OAK AIKEN EQUINE ASSISTED PROGRAMS THERAPY HORSE INFORMATION

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 USAGE, TRAINING AND GENERAL MANAGEMENT:

Does the horse have any strong personality likes or dislikes: _____

How the horse is in the stall and grooming likes or dislikes: _____

TACK

Please describe the horse's current tack set up.

Saddle: _____

Girth: _____

Pads: _____

Bridle/Bit: _____

Other needs we should be aware of: _____

Please describe mounting/dismounting technique: _____

CURRENT FEED AND CARE REQUIREMENTS:

	Kind/Brand	Amount	Frequency
Hay			
Grain			
Supplement			
Supplement			
Supplement			

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.