

Equine Donation Candidate Information

Thank you for considering PonyUp4Kids Foundation, Inc. for the donation of your horse. Horses donated to our facility help hands-on youth empowerment, emphasizing essential life skills and leadership qualities. They also provide invaluable information to our students that are advancing their knowledge of equine health and welfare daily. We are able to make a positive impact on the communities we serve because of your generosity. We may or may not be accepting donations at this time. However, we will keep your horse's information on file and contact you in the event we are able to accept them for donation.

Date: _____

Owner Name: _____

Address: _____

Phone: _____

Email Address: _____

Preferred method of contact ☐ Phone ☐ Email

Horse's Name: _____

Gender: ☐ Stallion ☐ Gelding ☐ Mare ☐ Spayed Mare ☐ Other _____ Year Foaled: _____

Height: _____ Weight: _____ Breed: _____ Registration papers to accompany donation? ☐ Yes ☐ No

Reason horse is being considered for donation (Please keep in mind we accept horses of all temperaments and who are being donated for medical reasons. The more detail you are able to provide to use will ensure your horse will be assigned to the area most suited to them.):

What is your horse's temperament on a scale of 1-5 (1 quiet and 5 being hot)? _____

How easy is your horse to handle on a scale of 1-5 (1 child safe and 5 requiring an expert)? _____

Do you consider your horse an "easy keeper" on a scale of 1-5 (1 requiring little hay and 5 requiring special nutrition) _____

Please provide any special feed instructions: _____

Does your horse crib? ☐ Yes ☐ No

Does your horse kick? ☐ Yes ☐ No

Does your horse bolt? ☐ Yes ☐ No

Will your horse stand tied? ☐ Yes ☐ No

Is your horse broke to ride? ☐ Yes ☐ No If yes, what discipline? _____

Does your horse stall weave? ☐ Yes ☐ No

Does your horse strike or rear? ☐ Yes ☐ No

Does your horse bite? ☐ Yes ☐ No

Does your horse trailer? ☐ Yes ☐ No

Horse's Name _____

Date of last Equine Infectious Anemia (Coggins) test: _____
(Please provide a copy of the Veterinary Certificate)

Date of last trim or shoeing: _____ Special needs for feet: _____

Date last of last dewormer: _____ Name of Product: _____

Date of Most Recent Vaccination:

E/W Encephalitis: _____ Tetanus: _____

Flu: _____ Rhino: _____

West Nile Virus: _____ Rabies: _____

Strep / Strangles: _____ Other: _____

Does your horse have a history or evidence of any of the following conditions:

Illness? ☐ Yes ☐ No If yes, describe: _____

Neurologic disease? ☐ Yes ☐ No If yes, describe: _____

Skin problems? ☐ Yes ☐ No If yes, describe: _____

Known allergies? ☐ Yes ☐ No If yes, please list: _____

Respiratory problems? ☐ Yes ☐ No If yes, describe: _____

Cardiac problems? ☐ Yes ☐ No If yes, describe: _____

Vision problems? ☐ Yes ☐ No If yes, describe: _____

Dental problems? ☐ Yes ☐ No If yes, describe: _____

Leg problems? ☐ Yes ☐ No If yes, describe: _____

Hoof problems? ☐ Yes ☐ No If yes, describe: _____

How lame is your horse on a scale of 1-5 (1 being sound and 5 being non-weight bearing)? _____

Does your horse have a history of laminitis? ☐ Yes ☐ No

If yes, has it been diagnosed with radiographs? ☐ Yes ☐ No

If yes, please provide the name of the veterinary clinic who took radiographs: _____

Do you give permission for radiographs to be released to the CEH? ☐ Yes ☐ No (If yes, please initial _____)

Does your horse have a history of navicular disease? ☐ Yes ☐ No

Has your horse been diagnosed with any other specific lameness issues? If so please describe: _____

Has your horse had colic surgery? ☐ Yes ☐ No

Does your horse have a history of colic, if so please describe: _____

If your horse is a MARE please complete the following questions:

Does your mare show signs of heat? ☐ Yes ☐ No

Has your mare ever been bred before? ☐ Yes ☐ No **If no, please provide any additional comments below.**

If your mare has been bred, did she conceive? ☐ Yes ☐ No

Has your mare carried a foal to term? ☐ Yes ☐ No If yes, how many foals has she had? _____

Has your mare ever experienced an abortion before? ☐ Yes ☐ No

Does your mare have any reproductive problems you are aware of? ☐ Yes ☐ No

If yes, please provide details: _____

Has your mare ever rejected a foal before? ☐ Yes ☐ No

Has your mare been live covered by a stallion before? ☐ Yes ☐ No

If your mare has been live covered before, were there any issues during the breeding? ☐ Yes ☐ No

If yes please describe: _____

If your horse is a STALLION please complete the following questions:

Has your stallion ever live covered a mare before? ☐ Yes ☐ No

Has your stallion ever been collected before? ☐ Yes ☐ No

Has your stallion ever had a semen evaluation performed before? ☐ Yes ☐ No

If yes, please provide semen quality information if available. _____

How many foals does your stallion have on the ground? _____

Does your stallion have any specific behavior issues you can describe? _____

Additional comments/information: _____

What is a realistic estimate of your horses' value: \$ _____

Please note, PonyUp4Kids Foundation, Inc. may require substantiation for a horse that is valued over \$4,999.99.

**** Please provide a photograph of your horse and a copy of registration, show records, etc. with the submission of this application form.**