

# Guidelines for Horse Donation

It takes a horse with special qualities to become a "therapeutic riding horse." First and foremost is temperament - a pleasant, easy-going, quiet attitude is a must - this cannot be taught at our facility, it must come naturally to the horse.

Therapeutic riding horses must tolerate many different things such as;

- Being in a crowd of groups or people (a rider, two side walkers, a leader and the instructor)
- Unsteady riders who may inadvertently pull on the reins
- Lots of noise and action all around them
- Being groomed several times a day with riders and volunteers touching and leaning all over them.
- These horses may carry riders who are unable to mount from the ground so they use a mounting ramp. This process entails fitting the horse tightly between two stationary objects (the mounting ramp & mounting block) with an unstable rider and 2-3 people around to assist.
- The horse we choose must be comfortable around wheelchairs, walkers, and canes.
- Most important to the riders, our horses are asked to play various games such as basketball and soccer; bean bag toss; obstacle course and other activities.

We match each of our riders to the therapeutic riding horse that best fits their riding needs. Each of our horses has their own personalities, movements and strengths. We have utilized many different breeds of horses in our program. We use the movement of the horse as a teaching tool, so it is imperative that our horses are not limping, short stepping, or lame in any way (all of our horses must be serviceable sound).

The horse's pelvis has the same three dimensional movement of the human's pelvis at the walk. This movement of the horse's pelvis leads to a movement which is similar to the movement patterns of human walking. So, the horses' gait is very important to consider when pairing with a rider. Even the horse's frame has to be taken into consideration. Narrow horses are good for riders who cannot separate their legs very far. A wide-based horse is good for riders who need a larger base for balance.

All horses must have a current negative Coggins test and be up to date on all vaccinations. We cannot accept horses that have chronic health issues such as colic, loss of vision/hearing, COP or heaves, current Coggins and/or vaccinations.

We ask for a 90 period for a therapeutic training program that we put all potential horses through. If the horse is accepted into the program, we will provide them with a loving, working environment to call home. Those that are not suited for our therapeutic program are returned to their gracious owner or sold with the owners blessing. While we greatly appreciate all horses that are offered for donation, not all horses are a good match for our therapeutic riding program.

### **The Ideal Therapeutic Riding Horse Should Be:**

- **Age:** Ideal age of the horse is 8-18 years of age. There may be exceptions to this age criteria.
- **Size:** Ideal size of the horse is 15.2 hands or less. But taller horses can be used in therapy.
- **Temperament:** We need horses that are easy to ride and mellow. The horse must be willing and tolerant. Some of our riders learn to ride independently and they need responsive but quiet horses.
- **Attitude and Manners:** The horse must be calm and unexcitable. The horse must not spook, kick or bite. They must be easy to groom and tack up, since they will have different people grooming, tacking up and leading them.
- **Conformation:** The horse must have good conformation with a sturdy build. The participants range from child to adult. When they are new or less able riders, they have a tendency to apply all of their weight on the back of the horse. They are not well balanced in the saddle, in some cases. The therapeutic riding horse needs to be able to handle extra weight without becoming sore in the back.
- **Prior Training:** All horses must be schooled under saddle with at least 3 years experience. Any training resulting in sound, calm, good-natured horses produces horses that are suitable for our riding program. Varied and versatile backgrounds can be indicators of the horse's adaptability.
- **Gaits:** A steady and even walk, trot, and canter.
- **Health:** The horse must be healthy. The horse must be free from illness, lameness and skin diseases. The horse must have strong hooves and be able to work without shoes.

### **Sundance Equine Assisted Therapies**

**Laura Allen**

For more information email us at [donations@sundancetherapies.org](mailto:donations@sundancetherapies.org) or call us at 936-870-3475

[www.sundancetherapies.org](http://www.sundancetherapies.org)

**HORSE DONATION PROFILE**

**Initial Data and Screening:** Please complete this form and return to our office so that we may begin your horse donation file prior to our first on-site evaluation. You may fax or mail it to us.

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Mare or Gelding

Height: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Markings/Scars/Brands: \_\_\_\_\_

How long have you owned this horse? \_\_\_\_\_

Has your horse had any medical illnesses in the last year?  No  Yes: \_\_\_\_\_

Past Use: \_\_\_\_\_

Riding Style: \_\_\_\_\_

Has your horse had any type of lameness in the past year? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is your horse on any medication?  No  Yes; please list: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you give your veterinarian permission to discuss your horse's medical records with Sundance Therapies, Inc.?

Yes  No Signature of owner: \_\_\_\_\_

Dates for most recent immunizations: Rhino/Flu: \_\_\_\_\_ VEWT/Encephalitis: \_\_\_\_\_ PHF/Rabies: \_\_\_\_\_

Strangles: \_\_\_\_\_ West Nile: \_\_\_\_\_ Other: \_\_\_\_\_

De-Worming Product and Schedule: \_\_\_\_\_ Date of last Coggins Test: \_\_\_\_\_

Feeding: Current Grain: \_\_\_\_\_ Amount: \_\_\_\_\_ am / \_\_\_\_\_ pm

Current Hay: \_\_\_\_\_ Amount: \_\_\_\_\_ am / \_\_\_\_\_ pm

Supplements: \_\_\_\_\_ Amount: \_\_\_\_\_ am / \_\_\_\_\_ pm

Farrier Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hooves  barefoot  shoes: \_\_\_\_\_ Date: \_\_\_\_\_

Any Vices (cribbing, weaving, loading problems, tying problems, etc)? - Please explain: \_\_\_\_\_

Why do you want Sundance Equine Assisted Therapies to have this horse? \_\_\_\_\_

Do you want the horse to be returned to your ownership when the horse needs to be retired from the equine program?

yes  no; explain: \_\_\_\_\_