



LAHA would like to get to know your horse prior to our first on-site evaluation. Please complete this form and return to our office so that we may begin your horse donation file. You may fax it to (615)563-6546 or email it to [codirector@leighannshorses.org](mailto:codirector@leighannshorses.org). Call (615) 765-7124 with questions.

~ Thank you, Christie Fisk, Equine Manager &  
LAHA Equine Management Team

Owner: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

Address where horse is located: \_\_\_\_\_

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

Equine's Name: \_\_\_\_\_ Registered? (Y) (N) Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ (no stallions or pregnant mares accepted) Color: \_\_\_\_\_

Height: \_\_\_\_\_ Markings/Scars: \_\_\_\_\_

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

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

On a scale of 1-10, 1 being very calm and 10 being high spirited, how would you rate your horse?

\_\_\_\_\_

Does your horse walk, trot (or second gait) and canter under saddle? (Y) (N)

If no, please explain:

\_\_\_\_\_

Has your horse had any illnesses in the past? (Y) (N) If yes, please explain:

\_\_\_\_\_

Has your horse had any type of lameness in the past? (Founder, Navicular, Laminitis)?

(Y) (N) If yes, please explain:

\_\_\_\_\_

Does your horse have any allergies or chronic conditions? (Y) (N) If yes, please explain:

\_\_\_\_\_

Is your horse on any medication? (Y) (N) If yes, please explain:

\_\_\_\_\_

Does your horse require special shoeing? (Y) (N) If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your horse have any vices (cribbing, weaving)? (Y) (N)

If yes, please explain:

\_\_\_\_\_

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

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

Please attach current veterinary records or list the latest dates for the following:

Rhino/flu: \_\_\_\_\_ EWT/Encephalitis: \_\_\_\_\_ Rabies: \_\_\_\_\_

West Nile: \_\_\_\_\_

Other: \_\_\_\_\_ De-worming: \_\_\_\_\_ Product used: \_\_\_\_\_

Coggon's: \_\_\_\_\_

Please list what you are currently feeding your horse and the amount of time it is out on pasture:

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Does your horse:

Cross Tie: (Y) (N) Lunge: (Y) (N) Load: (Y) (N) Drive: (Y) (N)

Why do you want LAHA to have this horse?

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Office use only: Profile received: \_\_\_\_\_ Initial Phone Interview: \_\_\_\_\_

On-site visitation: \_\_\_\_\_

Presented to Equine Team: \_\_\_\_\_ Approved/Declined? Reasons:

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if declined, date letter sent: \_\_\_\_\_