

Saffyre Sanctuary, Inc.

æ.Ø. ⊗oæ 921708 Sylmar, California 91392-1708 (818) 842-4368

Email: estaCsaffpresanctuary.org
Web Site: www.saffpresanctuary.org
Sederal Cax S #27-0333811

HORSE ASSESSMENT FORM

| Date: | | |
|----------------------------------------|-----------------------------------|--------------|
| Owner's Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Email: | | |
| Home Phone: | Cell or Work Phone: | |
| A) Horse's Name: | | |
| B) Age of Horse/D.O.B. (if known): | | |
| C) Gender/Sex of Horse: | | |
| D) Horse approximate height: | hands (one hand equals | four inches) |
| E) Approximate weight: | | |
| F) Breed: | | |
| G) Registry & Registration Number: _ | | |
| H) Description of Horse, including col | lors, scars, brands, and tattoos: | |
| | | |
| | | |

| 1.) | How long have you owned this horse? |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.) | What is the horse's general body condition? Thin Overweight Ewe Neck Sway Back Other (describe) |
| 3.) | Do you notice any distinguishing body markings? Bumps Lumps Scars Other (describe) |
| 4.) | What is the horse's coat condition? Sleek Matted Rain Scald Other (describe) |
| 5.) | What condition are the horse's feet in? Clean Odorous Overgrown Other (describe) |
| 6.) | Does this horse have any medical conditions? YES \mid NO \sim If yes, please describe: |
| 7.) | Does this horse require any special medications/supplements? YES NO ~ If yes, please describe: |
| 8.) | Does this horse have any special feeding requirements? YES NO ~ If yes, please describe: |
| | Is this horse used to being turned out on pasture? YES NO ~ If yes, how much? Does this horse have any vices? (Please circle all that apply) |
|) | Bites Charges Cribs Kicks Rears Stall Walking Weaves Other (describe) |
| | |

| 11.) Does this horse stand for the farrier? YES NO |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12.) Does this horse require shoes? YES NO |
| 13.) Will this horse load on a trailer? YES NO ~ If yes, what types? Ramp Step Up Stock Any |
| 14.) Does this horse clip? YES NO |
| 15.) Has this horse been stalled? YES NO |
| 16.) Does this horse get along with other horses? YES NO |
| 17.) Is this horse able to be turned out in a mixed sex field? YES NO |
| 18.) What is the horse's general attitude towards people, other horses and other animals (dogs, livestock)? |
| |
| 19.) Can this horse be ridden? YES NO ~ Please explain the horse's limitations: |
| |
| 20.) What has this horse been used for? (Please circle all that apply) |
| 4-H Lesson Program Pony Club English Pleasure Eventing Hunter Jumper Racing Barrels Western Pleasure Trail Riding Pleasure Pasture Companion Other (describe) |
| |
| 21.) What level of rider is needed for this horse? Beginner Adv Beginner Intermediate Advanced |
| 22.) Can this horse be ridden alone? YES NO |
| 23.) Does this horse need to be in a group? YES NO |
| 24.) Can this horse be taken on trails? YES NO |
| 25.) What type of saddle is this horse used to being ridden in? |
| 26.) What type of bit is this horse used to being ridden in? |
| 27.) Additional comments: |
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