



Circle F Horse Rescue Society

PO BOX 174 Mt. Lehman Station
Abbotsford, BC V4X 2P7

web: www.circle-f.org
Email: Circlef.horserescue@outlook.com

Horse Intake Assessment

Your name: _____ Date: _____

Horse's Name: _____ Breed: _____ Age: _____

How long have you owned this horse? _____ Does this horse require shoes? **Yes | No**

Does this horse clip? **Yes | No** Does this horse stand for the farrier? **Yes | No**

Will this horse load on a trailer? **Yes | No** ~ If yes, what types? **Stock | Step up | Ramp**

What has this horse been used for? (Please circle all that apply)

Pleasure | Trail Riding | Racing | Lesson Program | Eventing | Hunter | Jumper | 4-H | Roping

Pony Club | Barrels | Western Pleasure | Other (describe) _____

Does this horse have any vices? (Please circle all that apply)

Cribs | weaves | Stall Walking | Bites | Kicks | Rears | Charges | Other (describe)

Is this horse used to being turned out on pasture? **Yes | No** ~ If yes, how much? _____

Has this horse been stalled? **Yes | No** Does this horse get along with other horses? **Yes | No**

What was the horse's general attitude towards people, other horses and other animals (dogs, livestock)?

Is this horse able to be turned out in a mixed sex field? **Yes | No**

Can this horse be ridden? **Yes | No** ~ If no, please explain the horse's limitations:

What type of bit is this horse used to being ridden in? _____



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What type of saddle is this horse used to being ridden in? _____

Can his horse be ridden alone? **Yes** | **No** Does this horse need to be in a group? **Yes** | **No**

Can this horse be taken on trails? **Yes** | **No**

What level of rider is needed for this horse? **Beginner** | **Adv. Beginner** | **Intermediate** | **Advanced**

Physical Assessment

Do you notice any distinguishing body markings? **Lumps** | **Bumps** | **Scars** | **Other(describe)**:

What condition are the horse's feet in? **Clean** | **Overgrown** | **Odorous** | **Other(describe)**:

What is the horse's general body condition? **Thin** | **Overweight** | **Ewe Neck** | **Sway Back** | **Other**:

What is the horse's coat condition? **Sleek** | **Matted** | **Rain Scald** | **Other (describe)**

Does this horse have any medical conditions? **Yes** | **No** ~ If yes, please describe:

Does this horse have any special feeding requirements? **Yes** | **No** ~ If yes, please describe:



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Does this horse require any special medications/supplements? **Yes** | **No** ~ If yes, please describe:

Handling Assessment

<u>Activity</u>	Refused	Difficult	Able	Willing	Enthusiastic
Haltering					
Tying					
Feet Handling					
Body areas being touched					
Yield to pressure					
Hand Walking					
Lunge- Walk Left					
Lunge- Trot Left					
Lunge- Canter Left					
Lunge- Walk Right					
Lunge- Trot Right					
Lunge- Canter Right					
Tacking Up					
Riding- Walk					
Riding- Trot					
Riding- Canter					

Additional Comments:
