



Silver Lining
Riding

Dear Horse Owner,

Thank you for considering Silver Lining Riding as the next home for your horse. Silver Lining Riding has been helping people with disabilities experience the joys of riding for over 10 years. It is very important to us that the horses we bring into our herd are going to be happy working in therapeutic programs. Being a therapeutic riding horse is not the best fit for every horse. The role comes with unique challenges and requires a very steadfast and trusting equine companion. Please help us get to know a little bit about your horse by filling out and returning the *Horse Profile* form. Completed forms can be emailed to Mandy@silverliningriding.org

After I review the *Horse Profile* form, I will let you know if your horse fits our program criteria and current program needs, or if I need more information. The next step would be an onsite evaluation with the horse so we can see how he/she acts in a familiar setting. This evaluation usually requires one or two members of Silver Lining Riding. We like to see the horse move on a lunge line or while ridden by the owner or someone that is familiar with the horse, using the horse's regular saddle and bridle. After that, one of our representatives will ride the horse and we will do a variety of skill tests to further assess the horse.

If the horse shows signs of suitability for our program, we may accept the horse on a 60-day Trial Period. Your horse also needs to be current on vaccines, deworming, and farrier care, and we may ask for a letter from your vet about the health of your horse. Sometimes we have room for the horse immediately and sometimes there is a waiting period for space to open up.

Your horse can be accepted into the program at any time during the Trial Period. Occasionally, the trial period will be extended to allow further assessment, particularly if class scheduling/breaks have not allowed for ample real-application experience. Once the horse has been accepted, Silver Lining Riding receives ownership of the horse and the donor will receive a letter stating that the horse has been donated and ownership has officially transferred.

Please feel free to ask any questions you may have about Silver Lining Riding, our programs, or the donation process. I encourage you to visit Silver Lining Riding if you have not done so already; please contact Mandy@silverliningriding.org and we can set a date to give you a tour of our facility.

Thank you again for considering Silver Lining Riding for your horse's next career. We look forward to learning more about your horse and how he/she may assist our special needs client population.

Mandy Bowman
Equine Manager
Silver Lining Riding



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Horse Profile for Potential New Herd Member

Initial Interview Procedure

Being a therapeutic riding horse is a difficult job; not every horse is suitable for our program. A typical therapy horse gives two or three lessons a day and will most likely be used four or five days a week. A therapy horse must be very quiet and patient with the riders and handlers. Because our riders have special needs, we must be very selective in choosing our horses. The first step in having your horse evaluated is to fill out the attached information sheet and email it back to us at mandy@silverliningriding. After we review the information sheet we will call or email you to discuss your horse as a candidate for our programs. If your horse looks like he/she would be a good fit for our organization, we will schedule an on-site evaluation. If your horse still looks like he/she would make a good therapy horse, we will bring him/her to Silver Lining Riding for a 60-day trial period.

Horse Name: _____ Date: _____

Owner: _____ Phone: _____ Best time to call: _____

Address: _____

Email: _____ Is the Horse on your property? _____

If not, where is your horse located (address)? _____

Breed: _____ Age: _____ Sex: _____ Color: _____ Height: _____ Weight: _____

Years Owned: _____ Registered: _____ Reason for Donation: _____

How did you hear about Silver Lining Riding? _____

Is your horse current on vaccines, farrier care, dental care, and deworming? Please give the date (MM/YY) for each that apply.

VACCINES

Tetanus: _____ EEE/WEE: _____ Flu/Rhino: _____ West Nile: _____ Rabies: _____ Other: _____

FARRIER CARE

Trimmed: _____ Shod: _____ Front shod (Y/N)? _____ Rear shod (Y/N)? _____

Does your horse require corrective shoeing, pads, etc.? If yes, please explain: _____

DENTAL CARE

Last dental exam: _____ Last dental float: _____ Prior dental issues? _____

DEWORMING

Date of last deworming: _____ Brand used: _____ Date of last fecal test: _____

Has your horse experienced any of the following?

Arthritis: _____	Navicular: _____	Swayed back: _____
Neurological issue: _____	Club foot: _____	Colic: _____
Vision Impairment: _____	Surgery in Past: _____	Hock Injections: _____
Hearing Impairment: _____	Laminitis/founder: _____	Nerving: _____
Dental Problems: _____	Fracture/broken bone: _____	Melanoma: _____
Ring Bone/Sidebone: _____	Lameness/Injury: _____	

Do any of the following behaviors apply to your horse?

Afraid of moving vehicles: _____	Cinchy: _____	Pacing/stall weaving: _____
Afraid of water: _____	Head shy: _____	Nips/Bites: _____
Cribbing: _____	Kicking: _____	Bucking/Rearing: _____

Is your horse sound at the walk, trot, and canter? _____

Has your horse had formal training? If yes, what type? _____

What type of riding has your horse done? _____

What type of bit and saddle do you use? _____

When was your horse last ridden and how often? _____

Have you ever ridden your horse in pads and a halter? If yes, how did he/she respond? _____

How would you judge your horse's ability to tolerate any of the following: loud/sudden noises, moving objects, and/or quick movements? _____

How might your horse respond to an unbalanced rider? _____

Has your horse ever been around children? If yes how did he/she respond? _____

Has your horse ever been around large groups of people and horses, such as at a horseshow? How did he/she react to the activity? _____

Can your horse be touched anywhere on his/her body? _____

Does your horse turn left, right, stop, and move forward easily? _____

Does your horse walk, trot, and canter in both directions easily? _____

Does your horse back up easily both on lead and when ridden? _____

Does your horse have good ground manners? _____

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Does your horse stand quietly for mounting/dismounting from both sides? _____

Is your horse claustrophobic (trailer, wash rack)? _____

Does your horse tie, clip, and load easily? _____

Tie to a rail? _____ Cross-tie? _____ Stand patiently? _____

Does your horse pick up his/her feet easily? _____

Does your horse get along well with other horses? _____

In adjacent stalls (over the fence)? _____

In turnout together? _____

If your horse is a mare, is she moody when cycling or when around other mares or geldings?

When your horse is startled or spooked, how does he/she act? _____

Are there any unusual behaviors (good or bad) that we should know about your horse? _____

Please provide any further information about your horse that you feel would be helpful in our assessment: _____

Current Feeding Plan (please specify type/brand and amount)

Morning

Afternoon

Evening

Hay:

Hay:

Hay:

Grain:

Grain:

Grain:

Supplements:

Supplements:

Supplements:

Other:

Other:

Other:

For Silver Lining Riding Use Only

Returned contact: _____

Scheduled evaluation: _____

Horse taken in on Trial Period: _____

Horse Accepted into program: _____

Release Date: _____

Reason for Release: _____ - 3 -
