



Things to Know About Equine Donations

ROCK accepts donations of equines into our program after passing an evaluation and trial period at the ROCK facilities.

Equines who come to ROCK may partner in our Therapeutic, Hippotherapy or Education Program.

ROCK requires an evaluation by at least 2 staff members, either at the ROCK facility or at the equine's current location. Upon the evaluators' recommendation, ROCK will accept the equine for a 90 day trial period, depending on what the Equine Team feels is warranted as long as the below conditions are met.

If at all possible, the owner will transport the equine to our facility. If, after the designated time period, the equine is not considered appropriate for ROCK's program, the owner will pick the equine up. Acceptance of the equine for a trial period does not obligate ROCK to accept the equine into its program.

ROCK requests:

- that the owner demonstrates or has someone else demonstrate how the equine moves under saddle at all appropriate gaits at the initial evaluation.
- that the equine be recently trimmed/shod and have a negative coggins test within the last 12 months before the equine(s) is allowed at the ROCK facilities.
- the equine to be able to load and travel properly in a horse trailer.
- a copy of the equine's previous year's veterinary records (including vaccinations, teeth floating, and any other visits from the vet) as well as be current on all vaccinations.
- the owner to pay for any major medical costs related to their equine during the trial period.
- that the equine pass the initial evaluation, as well as subsequent test of suitability.

According to the ROCK guidelines, we cannot accept equines:

- with EIA or equines that are blind in one eye
- with ERU, EPM, Laminitis, and/or neurological conditions.

ROCK may refuse an equine donation for any reason at any time.



Equine Donation Policy & Procedures

Policy

Thank you for considering a donation of your equine to the Ride On Center for Kids. It is the policy of ROCK, Ride On Center for Kids to accept donations of equines from their owners for the purpose of our Therapeutic, Hippotherapy and Education Program. Equines accepted into ROCK's program must be mentally and physically healthy and sound, and they must be able to maintain a moderate work schedule. ROCK is not a sanctuary for retired equines, nor a rescue organization, but rather a special place where a special category of equine comes to fill a special need. Please review our requirements as stated below, and let us know if you have any more questions.

Requirements

ROCK requires an evaluation by at least 2 staff members, either at the ROCK facility or at the equine's current location. Upon the evaluators' recommendation, ROCK will accept the equine for a 90 day trial period, depending on what the Equine Team feels is warranted as long as the below conditions are met.

If at all possible, the owner will transport the equine to our facility. If, after the designated time period, the equine is not considered appropriate for ROCK's program, the owner will pick up the equine. Acceptance of the equine for a trial period does not obligate ROCK to accept the equine into its program.

ROCK requires:

- that all equines to be donated to their program have a current negative Coggins test within the last 12 months before the equine(s) is allowed at the ROCK facilities.
- all donated equines to be current on all vaccinations.
- that the owner demonstrates or has someone else demonstrate how the equine moves under saddle at all appropriate gaits.
- that the equine be recently trimmed/shod.
- the equine to be able to load and travel properly in a horse trailer.
- the owner pay for any major medical costs related to their equine during the trial period.

According to the guidelines of ROCK's Board of Directors and ROCK's veterinarian, ROCK cannot accept equines:

- that has EIA or is completely blind .
- with ERU, EPM, laminitis, or neurological conditions



When the equine passes the evaluation and trial period and is ready to be donated to ROCK, the donor must sign a donation contract giving up all rights to the donated equine and transferring ownership of the equine to ROCK

Once the equine's service is completed, the donor will be the first party contacted. If the equine cannot be returned to their care a suitable home will be found for the equine.

ROCK does not have colic surgery performed on equines in our possession. We will make every effort to contact the owner/donor if you would elect to pay for colic surgery. The horse would then become your responsibility for rehabilitation.

ROCK can refuse donation of any equine for any reason at any time.

After reading and understanding the above guidelines and policies, I would like ROCK to evaluate my equine. If my equine passes the initial evaluation, I will make arrangements for my equine to be transported to ROCK for a trial period for possible donation to ROCK

Signature

Date

Please return with completed Equine Donation Questionnaire to:

ROCK
Equine Team
P.O. Box 2422
Georgetown, TX 78627
Email: Lesley@rockride.org
Fax: (512) 863-9231



Equine Donation Questionnaire

To be completed and returned to ROCK before equine can be considered for evaluation

Donor Contact Information:

Name: _____

Address: _____

City, State, Zip _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Equine Information

Name of equine you are donating: _____

Breed of equine you are donating: _____

Is the equine registered? If so, with what registry? _____

Registration number? _____

If equine has a lip tattoo or brand, please describe _____

Is the equine micro chipped? If so, whose name is the microchip information in?

Is the equine branded? If so, where and what is the brand?

Color of equine: _____

Markings on equine: _____

Age: _____ Height: _____ Weight: _____ Gender: _____

Name of Dam (if known): _____

Name of Sire (if known): _____



Temperament (1-10, 1 = Very Quiet, 10 = Highly Spirited): _____

Friendliness towards adults (1-10, 1=Nasty /Afraid, 10=Extremely friendly): _____

Friendliness towards children (1-10, 1=Nasty/Afraid, 10=Extremely friendly): _____

Friendliness towards horses (1-10, 1=Nasty or Afraid, 10=Extremely friendly): _____

Friendliness towards dogs (1-10, 1 = Nasty or Afraid, 10 = Extremely friendly): _____

How often is equine currently being ridden? _____

If not currently being ridden, why not? _____

When was last time the equine was regularly ridden? _____

Can this equine be ridden by: (check all that apply)

- Children at walk
- Light/Medium weight riders (walk & trot)
- Adults at walk & trot
- Anyone (walk, trot & canter)

Has this equine been trained or had experience in: (check all that apply)

- | | | | |
|-----------------------------------|---|--|---|
| <input type="checkbox"/> Trail | <input type="checkbox"/> Competitive Trail | <input type="checkbox"/> Endurance | <input type="checkbox"/> English Pleasure |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Eventing | <input type="checkbox"/> Barrel Racing | <input type="checkbox"/> Jumping |
| <input type="checkbox"/> Dressage | <input type="checkbox"/> Youth Horse | <input type="checkbox"/> Reining | <input type="checkbox"/> Western Pleasure |
| | <input type="checkbox"/> General Western Riding | <input type="checkbox"/> General English | |

Other: _____

Is this equine currently suitable for or have the potential for: (check all that apply)

- | | | | |
|-----------------------------------|---|--|---|
| <input type="checkbox"/> Trail | <input type="checkbox"/> Competitive Trail | <input type="checkbox"/> Endurance | <input type="checkbox"/> English Pleasure |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Eventing | <input type="checkbox"/> Barrel Racing | <input type="checkbox"/> Jumping |
| <input type="checkbox"/> Dressage | <input type="checkbox"/> Youth Horse | <input type="checkbox"/> Reining | <input type="checkbox"/> Western Pleasure |
| | <input type="checkbox"/> General Western Riding | <input type="checkbox"/> General English | |

Other: _____

Describe any competitive experience this equine has (use reverse if you need more space):

Has this equine ever: (check all that apply and explain if “yes”)

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Bucked? | <input type="checkbox"/> Reared? |
| <input type="checkbox"/> Kicked? | <input type="checkbox"/> Bitten? |
| <input type="checkbox"/> Other improper behavior? Please describe. (use reverse if you need more space) | |



Is this equine easy to: (check all that apply)

- | | | | |
|--|---------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Catch/Halter | <input type="checkbox"/> Lead | <input type="checkbox"/> Cross-Tie | <input type="checkbox"/> Groom/Clip |
| <input type="checkbox"/> Bridle | <input type="checkbox"/> Saddle | <input type="checkbox"/> Clean Hooves | <input type="checkbox"/> Worm |
| <input type="checkbox"/> Load/Unload/Trailer | | <input type="checkbox"/> Bathe | |

Does the equine: (check all that apply)

- | | | |
|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Direct Rein | <input type="checkbox"/> Neck Rein | <input type="checkbox"/> Stand quietly for mounting/dismounting |
|--------------------------------------|------------------------------------|---|

Describe any current or previous lameness problems: (Use reverse if you need more space)

Describe any current or previous health problems: (Use reverse if you need more space)

Does the equine have any special needs? (Use reverse if you need more space)

Is the equine current on vaccinations? If so, which and when were they last administered?
(Use reverse if you need more space)

What is the date of the equine's most current coggins test? _____

What is the date of the equine's West Nile Vaccination # 1 _____

What is the date of the equine's West Nile Vaccination # 2 _____ Booster? _____

When was the last time the equine's teeth were floated? _____

What is the equine's schedule for teeth floating? _____

When was the last time the equine was wormed? _____

What is the equine's worming schedule and wormer? _____

When was the last time the equine's hooves were trimmed? _____

What is the equine's schedule for trimming or shoeing? _____

Does the equine wear shoes? Y or N If yes, what kind and why _____

Does the equine get along with other equines? _____



In what kind of housing situation is the equine used to (pasture, stall, etc)? (Use reverse if needed)

What and how much is the equine currently being fed? (Use reverse if needed)

Does the equine receive supplements? If so, what and why? _____

Is there anything else you can tell us about the equine that will enable us to better evaluate him/her?
(Use reverse if you need more space)

Why are you considering donating this equine to ROCK? (Use reverse if you need more space)

Please return with signed Equine Donation Policy & Procedures to:

ROCK
Equine Team
P.O. Box 2422
Georgetown, TX 78627
Email: lesley@rockride.org
Fax: (512)863-9231