



Equine Policies and Procedures

Policy

Thank you for considering your equine for ROCK, Ride on Center for Kids. It is the policy of ROCK, Ride on Center for Kids to accept equines from their owners by either donation, purchase, or lease for the purpose of Therapeutic/Adaptive Riding, Therapy Incorporating Equines or Equine Assisted Learning Programs. Equines accepted into ROCK's programs 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 equines come to fill a specific need. Please review our requirements below and let us know if you have any questions.

Requirements

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

If possible, the owner will transport the equine to our facility. If, after the designated time, 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 the program.

ROCK requests:

- 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 month 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 equines previous years veterinary records (including vaccinations, teeth floating, and any other visits from the vet) as well as be current on all vaccinations.
- That the equine pass the initial evaluation, as well as subsequent test of sustainability.

According to the ROCK guidelines, we cannot accept equines:

- With EIA
- Partially or completely blind
- With ERU, EPM, laminitis and/or any neurological conditions



Healing Thru Horses

When the equine passes the evaluation and trial period and is ready to be signed over to ROCK, the owner must sign a contract giving up all rights to equine and transferring ownership of the equine to ROCK.

Once the equine's service is completed, the previous owner 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 if you would like to elect to pay for colic surgery. The horse would then become your responsibility for rehabilitation.

ROCK reserves the right to refuse an equine for any reason at any time.

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

Signature

Date

Please return this signed form and the Equine Questionnaire to:

ROCK Equine Team

PO Box 2422

Georgetown, TX 78627

equinedepartment@rockride.org

Fax: 512-863-9231



Equine Questionnaire

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

Owner Contact Information:

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Are you considering: Donation Lease Sale

Equine Information

Name of Equine: _____

Breed of Equine: _____

Color of Equine: _____

Markings on Equine: _____

Age: _____ Height: _____ Weight: _____ Sex: _____

Name of Dam (if known): _____

Name of Sire (if known): _____

Is the equine registered? Yes/No (please circle one)

If yes, what registry? _____

Please record any registration number: _____

Does the equine have a brand or lip tattoo? Yes/No (please circle one)

If yes, please record the lip tattoo number and/or brand and location: _____

Is the equine microchipped? Yes/No (please circle one)

If yes, please record the number and information: _____

What is the equine currently being fed and how much?



Does the equine receive supplements or any medication regularly? If so, what and why?

Equine Behavior

Temperament: (1= very quiet, 10 = Highly Spirited) _____

Friendliness toward adults (1 = Nasty/Afraid, 10= Very Friendly) _____

Friendliness toward children (1 = Nasty/Afraid, 10= Very Friendly) _____

Friendliness toward other horses (1 = Nasty/Afraid, 10= Very Friendly) _____

Has the horse ever: (please check all that applies)

_____ Kicked _____ Reared

_____ Bucked _____ Bitten

Other Improper Behavior? (please explain below)

Is the equine easy to: (please check all that apply)

_____ Catch/Halter _____ Lead _____ Cross Tie

_____ Bridle _____ Saddle _____ Groom/Clip

_____ Load/Unload/Trailer _____ Bathe _____ Clean Hooves

_____ Worm

Equine's Knowledge

What is the equine's current housing situation (i.e. stall, pasture, dry lot): _____



How often is the equine being ridden? _____

If not being ridden, what is the reason? _____

When was the last time the equine was regularly ridden? _____

Can the equine perform all walk and trot and/or canter with functional soundness? Yes/No
(please circle one)

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

Children at walk

Light/medium weight riders (walk and trot)

Adults at walk and trot

Anyone (walk, trot, and canter)

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

Trail Competitive Trail Endurance General English

Driving Eventing Barrel Racing General Western

Dressage Youth Horse Reining Jumping

Western Pleasure Other: _____

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

Trail Competitive Trail Endurance General English

Driving Eventing Barrel Racing General Western

Dressage Youth Horse Reining Jumping

Western Pleasure Other: _____

Describe any competitive experience this equine has:

Does the equine: (check all that apply)

Direct Rein Neck Rein Stand quietly for mounting and dismounting



Equine Health Information

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 floating schedule? _____

When was the last time the equine was dewormed? _____

What is the equine's deworming schedule? _____

Can you provide the equine's most current coggins and vaccination records? Yes/No (please circle one)

If no, please explain: _____

Does the equine wear shoes? Yes/No (please circle one)

If yes, what kind? Is there specialty shoes? _____

When was the last time the equine's feet were trimmed or shod? _____

Please describe any current or previous lameness problems

Please describe any previous health problems

Does the horse have any special needs?

Is there anything else you can tell us about the equine that will enable us to better evaluate them?

Why are you considering donating this equine to ROCK?



Thank you for sharing some information with us about your equine. Please return this document with the signed Equine Policy and Procedures to:

ROCK Equine Team
PO Box 2422
Georgetown, TX 78627
equinedepartment@rockride.org
Fax: 512-863-9231