

## Potential Therapy Horse Information Form

We would love to accept your horse into our program if they are determined to be a good match. Please fill out this form and send it in to us so that we can learn more about your horse.

Date: \_\_\_\_\_ Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Alternate Phone #: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Breed: \_\_\_\_\_ Used for Breeding? Yes No

Known Disciplines Years of Experience

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Please list any known vices (cribbing, weaving, etc.):

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Has your horse ever run away with a rider, bucked off a rider, or otherwise misbehaved while being ridden or led? If so, please explain. Would you trust this horse with a novice rider?

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Please list any and all medical procedures that have been performed and all medical ailments with dates, including laminitis (founder), Cushings, and episodes of colic. Feel free to use the back of this sheet.

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Is your horse currently sound and able to walk, trot, and canter comfortably? Why or Why not?

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Our Horses are exposed to unusual items in lessons such as balls, slinkies, and squeaky toys. Would your horse be comfortable with these items? \_\_\_\_\_ Why or Why not?

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We appreciate you taking the time to complete this form. We will contact you once this has been reviewed to let you know the status of your horse.

We accept horses on a 3-month (90 day) evaluation period so that they can decide if Dream Power is the place for them. The basic costs of feed, farrier & vet bills need to be paid to maintain the health of your horse during the evaluation period. (Usually no more than \$300 per month)

If your horse is a good fit & you decide to donate them, you may claim a tax deduction of up to \$5,000 or more if your horse is appraised. All horses receive the utmost in care and love at our home and we encourage visits from their owners at any time.

770-800-7317

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