

Horse Evaluation Form



Date: _____

Owner's Name: _____ Phone: _____

Email: _____

Address: _____ State / Zip code: _____

Location of Horse: _____

Person showing horse: _____ Relationship to horse: _____

Horse Registered Name: _____ Nickname: _____

Breed: _____ Age: _____ Height: _____

Color / Markings: _____

Estimated Value: _____ Gelding Mare

How often are they ridden: _____

What discipline are they trained for: _____

What training has your horse had: _____

How does your horse spook: _____

Behaviors: _____

What type of fencing / pasture are they used to: _____

What size herd have they lived in: _____ Mixed sexes: Yes No

Farrier Name: _____ Last farrier appointment: _____

Do they need shoes: _____

What is the horse fed daily: _____

Supplements: _____

Medications: _____

For what: _____

Veterinarian Name: _____ Phone: _____

Do you agree to give MHR permission to contact your vet to discuss medical records of the above named horse Yes

Is your horse up to date on all vaccinations:

Please check all current vaccinations, must have been given within the last 12 months.

Documentation will be required from your vet before horse is accepted into the program

Flu/ Rhino Strangles West Nile Tetanus Rabies EEE/WEE

Date of last Coggins: _____ (must be within the last 12 months) Was it negative: Yes No

How often is your horse dewormed: _____

Last deworming: _____ Brand used: _____

Past medical history: _____

Special Requirements: _____

On Site Evaluation

Name of Evaluators: _____ Date: _____

The main question for each starts with "Was the horse good with..."

Question	Yes	No	Comments
Being caught in pasture			
Being lead			
Tying			
Being groomed			
Having feet handled			
Being tacked			
Being bridled			
Standing quietly			
Stand while mounting			
Leaders			
Sidewalkers (in general)			
Sidewalkers moving around			
Loud noises			
Sudden movements			
Strange objects			
Being ridden independently			
Rider movement on back			
Rider noises			
Does horse like people?			
Was horse pushy?			
Do they trail ride?			
Do they lunge?			
Do they long line?			

Was the horse sound at: Walking: _____
 Trotting: _____
 Canter: _____
 Whoa: _____
 Back: _____

Other Notes: _____

Does this horse meet evaluation standards:

Yes No

Staff Signature: _____