



Dear Potential Horse Donor:

Thank you for your interest in donating your horse to REINS Therapeutic Horsemanship Program! We provide therapy on horseback for children and adults with disabilities. This therapy benefits people with many kinds of disabilities. We have seen *non-verbal* students learn to *sing*, *paraplegic* riders learn to *walk* and students with all sorts of disabilities overcome some of the *challenges* in their lives and *live* with a little more ease. In addition to the strength our students gain from riding their horse they also learn about the love, care and responsibility of horsemanship while creating a relationship that bridges the human and animal world.

Our therapy horses are the key to every session and because of their special job each REINS horse is hand selected and goes through an extensive ninety-day trial.

Due to the physical and demanding nature of the work required of our therapy horses, we cannot accept any horses with the following attributes:

- over the age of **20**.
- unsound at the walk, trot or canter.
- in need of special shoeing.
- require daily medications
- bad ground manners or vices.

To help you decide if your horse would be a candidate for our program, please visit our website (www.reinsprogram.org) and read the 'Does Your Horse Have what it Takes?' article on the *HORSES* page.

To help ensure that your horse is a good fit for our program, please fill out the attached form as completely as possible. We also ask that you include pictures, either through mail at P.O. Box 1283, Bonsall, CA 92003 or through email at sarah@reinsprogram.org. Thank you for considering REINS as a potential home for your cherished horse.

Sincerely,

Sarah Newton-Cromwell

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Program Coordinator



P. O. Box 1283, Bonsall California 92003 • Phone (760) 731-9168 • Fax (760) 731-3949
Therapeutic Horsemanship Program • Non-Profit Corporation 501(c)(3) 33-0035455
www.reinsprogram.org

REINS Therapeutic Horsemanship Program Horse Application

Horse Info

Name: _____
Breed: _____
Age: _____ Height: _____
Sex: _____ Color: _____

Owner Info

Name: _____
Phone #: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

Reason for Donation:

Horse History

Show / Riding History: (please check all that apply)

Trail Dressage Lesson Horse Hunter/Jumper Western Pleasure

Other: _____

Does your horse currently have or have had in the past 10 years any of the following?: (please check all that apply)

Ring Bone Navicular Founder/Laminitis Arthritis Colic Ulcers Cribbing/Windsucking

Please list any additional conditions/lameness/conformational abnormalities:

Please list any current medications or treatments: _____

Current Food Regimen: _____

Current Vet: _____ **Phone #** _____

Ownership History:

Current Rider Info: Age: _____ Weight: _____ Height: _____ Ability Level: _____

Additional Information:

