



Dear Potential Horse Donor:

Thank you for your interest in donating your horse to REINS Therapeutic Horsemanship Program! We provide disabled children and adults therapy on horseback! The Benefits of this therapy reach all sorts 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 tool in our therapy sessions 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 read '*Does Your Horse Have what it Takes?*'

To help ensure that your horse has 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 kaitlyn@reinsprogram.org. Thank you for considering REINS as a potential home for your cherished horse.

Sincerely,

A handwritten signature in black ink that reads "Kaitlyn Siewert".

Kaitlyn Siewert
Program Assistant



REINS Therapeutic Horsemanship Program Horse Application

Horse Info

Owner Info

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

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

Reason for Donation: _____

Horse History

Show / Riding History: (please circle 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 circle 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: _____

