



Canadian Society for the Andalusian Horse

Dedicated to the welfare of the Andalusian Horse in Canada
www.CanadianAndalusian.org – canadianandalusianhorse@gmail.com

APPENDIX 1 – DONATED HORSE INFORMATION

This appendix applies to the Horse named and described below (herein referred to as 'Horse'):

HORSE TO BE DONATED (herein referred to as 'Horse'):

Name: _____ **DOB:** _____

Sex: _____ **Colour:** _____ **Markings:** _____

Registration#: _____ **Microchip#:** _____

This appendix is meant as a supplemental information tool only and is to be attached to the HORSE DONATION AGREEMENT.

GENERAL INFORMATION

DISPOSITION/TEMPERAMENT

Is the horse well-mannered in the following situations? (check all that apply)

Handling	Feeding	Driving	Riding	Catching/haltering
Trailerling	With vet	With farrier		

Describe other good traits that we should be aware of: (e.g. good with children, pets etc):

Describe any situations in which the horse may be hard to handle or have behaviour problems (e.g. cribbing, weaving, pacing, rearing, bucking, biting, aggressive, etc):

APPENDIX 1 – DONATED HORSE INFORMATION CONT'D

SHELTER

Indicate how the horse has been sheltered. For example, has the horse been stalled, placed in three sided shelter, been out in the open, blanketed, etc?

TACK

What has been the customary tack and bit used?

HANDLING

Have you any recommendations in regards to how others should handle the horse?

FEEDING

What recommendations do you have for feeding the horse?

FARRIER

When was your last farrier call date?

Name of farrier most familiar with the horse: _____

Phone number of farrier: _____

What recommendation does your farrier have regarding trimming, corrective shoes, etc?

APPENDIX 1 – DONATED HORSE INFORMATION CONT'D

MEDICAL INFORMATION

Please list all known medical problems/conditions (allergies, navicular, broken bones, injuries, lameness, heaves, etc.) , their diagnosis, type of treatment, what has worked, what has not worked, medication recommended, prognosis for healing, is condition recurrent?

Recommendations, restrictions, limitations:

Name of veterinarian most familiar with the horse: _____

Phone number of the vet: _____

VACCINATIONS

___ Flu/rhino Date: _____ Tetanus Date: _____

___ West Nile Date: _____ Other (specify) _____
Date: _____

DE-WORMING

Last date _____ Type used _____

TEETH

Date last checked _____ Date of last float _____

OTHER PERTINENT INFORMATION (use separate sheet if more space is required)
