

## Horse Donation Application

Owners Name	Phone number		
Address	City	State_	Zip
Breed	Mare or Geldi	ng	Age
HeightWeight	Barefoot or sh	noes	
All horses that are donated must provide a negative coggins. Pl	-	_	
It takes a special kind of horse that can be led on a lead line as horses must have high levels of your horse would be a good fit	s well as independer f patience (lazy) and	nt with our b	eginner riders. Therapeutic
We require a 30 day trial to rand, that they like the work the will return them to you.			1 0
Where are they in the pecking	order? High	Med	Low
Any issues that we need to be a	aware of?		
Food Aggressive B	sites Kicks_		Loads in trailer
Гrail ridden Arena work	What disc	cipline Engl	ish or Western?
Showmanship Has this	s horse been shown	?	

Victory Reins Therapeutic Riding Center 11900 W Offner Rd Peotone IL 60468 815-478-4879 main 815-382-8694 cell

Can the horse walk W/T/C in both directions?
What kind of bit does it use? Can it lunge?
Date of last worming? What was given?
Round pen? Was the horse pasture kept or stalled
Has the horse ever experienced a case of colic?If so , When?
What kind of grain do you feed ?How much ?
How many times per day?
What kind of hay do you feed? How much?
How often?
Are there any medical issues that we need to be aware of?
Please provide a recent photo of the horse that you would like to donate.
Once your horse is accepted into our program we promise to provide the best care possible. We will provide you with a receipt stating the age breed and gender of the horse. Victory Reins is a 501.c.3 non for profit organization so your donation will be tax deductible.
We also accept donations of tack and stable supplies, which will be included in the receipt.
Thank you in advance for your consideration. We could not do this without the help of our furry friends and donations from generous people like you.
Sandy Michalewicz Founder/Director