



CIRCLE F

CIRCLE F HORSE RESCUE SOCIETY
Box 73, Station Main, Abbotsford, BC, V2T 6Z4
E-mail address: info@circlef.ca
Website: www.circlef.ca

FINAL HORSE ASSESSMENT FOR ADOPTER

Information provided by _____ Date provided _____

Registered Name of the Horse _____

Breed _____ Sex _____ Date of Birth or Age _____

Colour _____ Markings _____

Registered Papers; Given _____ Not Available _____

General Information

Disposition/Temperament: Is the horse well mannered in the following situations?
(Check all that apply)

Handling ___ Feeding ___ Riding ___ Catching ___ Trailoring ___ with Farrier ___ with Vet _____

Describe other good traits the horse has: (e.g. Good with children, pets etc.)

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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, overly dominant, etc.)

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Shelter: Describe how the horse has been kept: (e.g. Three-sided shelter, paddock, isolation, etc.)

Tack: What has been the customary tack and bit used?

Use of Horse: In your opinion, what do you think horse's use, recommendations, and limitations are?

Handling: Have you any recommendations as to how others should handle this horse?



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Feeding: What have you been feeding this horse, how much and how often?

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Farrier: When was the last time the horse was trimmed/shod? _____

What recommendations does the Farrier have regarding trimming, shoeing, etc.?

Name and phone number of Farrier most familiar with the horse:

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

Recommendations, limitations, and restrictions:

Name and phone number of Vet most familiar with the horse:

Vaccinations:

___ Flu/Rhino Date: _____ ___ Tetanus Date: _____

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

De-worming: Date last done: _____ Type used _____

Teeth: Date last checked: _____ Date last floated _____

Recommendations:

Other pertinent information: (use a separate sheet if more space is required)

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