



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

HORSE INTAKE ASSESSMENT

Your Name _____ Date _____

Horses Name _____ Breed _____ Age _____

How long have you owned this horse? _____ Does this horse require shoes? **YES / NO**

Does this horse clip? **YES / NO** Does this horse stand for the farrier? **YES / NO**

Will this horse load on a trailer? **YES / NO** ~ If yes, what types? **Stock / Step Up / Ramp**

What has this horse been used for? (Please circle all that apply)

Pleasure / Trail Riding / Racing / Lesson Program / Eventing / Hunter / Jumper / 4-H / Roping / Pony Club / Barrels / Western Pleasure / Other (describe) _____

Does this horse have any vices? (Please circle all that apply)

Cribs / Weaves / Stall Walking / Bites / Kicks / Rears / Charges / Other (describe)

Is this horse used to being turned out on pasture? **YES / NO** ~ If yes, how much? _____

Has this horse been stalled? **YES / NO** Does this horse get along with other horses? **YES / NO**

What is the horse's general attitude towards people, other horses and other animals (dogs, livestock)?

Is this horse able to be turned out in a mixed sex field? **YES / NO**

Can this horse be ridden? **YES / NO** ~ If no, please explain the horse's limitations:

What type of bit is this horse used to being ridden in? _____

What type of saddle is this horse used to being ridden in? _____

Can this horse be ridden alone? **YES / NO** Does this horse need to be in a group? **YES / NO**

Can this horse be taken on trails? **YES / NO**

What level of rider is needed for this horse? **Beginner / Adv Beginner / Intermediate / Advanced**



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Physical Assessment

Do you notice any distinguishing body markings? **Lumps / Bumps / Scars / Other (describe)**

What condition are the horse's feet in? **Clean / Overgrown / Odorous / Other (describe)**

What is the horse's general body condition? **Thin / Overweight / Ewe Neck / Sway Back / Other**

What is the horse's coat condition? **Sleek / Matted / Rain Scald / Other (describe)**

Does this horse have any medical conditions? **YES / NO** ~ If yes, please describe:

Does this horse have any special feeding requirements? **YES / NO** ~ If yes, please describe:

Does this horse require any special medications/supplements? **YES / NO** ~ If yes, please describe:



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Handling Assessment

<i>Activity</i>	<i>Refused</i>	<i>Difficult</i>	<i>Able</i>	<i>Willing</i>	<i>Enthusiastic</i>
Haltering	1	2	3	4	5
Tying	1	2	3	4	5
Feet handling	1	2	3	4	5
Body areas being touched	1	2	3	4	5
Yield to pressure	1	2	3	4	5
Hand walking	1	2	3	4	5
Lunge – walk left	1	2	3	4	5
Lunge – trot left	1	2	3	4	5
Lunge – canter left	1	2	3	4	5
Lunge – walk right	1	2	3	4	5
Lunge – trot right	1	2	3	4	5
Lunge – canter right	1	2	3	4	5
Tacking up	1	2	3	4	5
Riding – walk	1	2	3	4	5
Riding – trot	1	2	3	4	5
Riding – canter	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5

Additional comments:
