



Therapeutic Riding Horse Selection Guidelines for Horse Donation

It takes a horse with special qualities to become a "therapeutic riding horse." First and foremost is temperament - a pleasant, easy-going, quiet attitude is a must - this cannot be taught at our facility, it must come naturally to the horse. A therapeutic riding horse can be asked to work for up to three hours of lessons per day, five days per week. In any given 30 minute lesson these horses may work at a fast-paced walk or a consistent trot. A few horses are even asked to canter for a portion of their lessons.

Therapeutic riding horses must tolerate being crowded by groups of people (a rider, two side walkers, a leader and the instructor); unsteady riders who may inadvertently pull on the reins; lots of noise and action all around them and being groomed several times a day with riders and volunteers touching and leaning all over them. These horses may carry riders who are unable to mount from the ground so they use a mounting ramp. This process entails fitting the horse tightly between two stationary objects (the mounting ramp & mounting block) with an unstable rider and 2-3 people around to assist. Most important to the riders, our horses are asked to play various games such as basketball and soccer; bean bag toss; obstacle course and other activities. All these can be frightening to a horse that is not properly trained to relate to them.

We match each of our riders to the therapeutic riding horse that best fits their riding needs. Each of our horses has their own personalities, movements and strengths. We have utilized many different breeds of horses in our program. We use the movement of the horse as a teaching tool, so it is imperative that our horses are not limping, short stepping, or lame in any way (all of our horses must be serviceable sound). To a person who has never walked before, the movement of a walking horse can stimulate a walking motion in the rider's hips while they are mounted.

The horses' gait is very important to consider when pairing with a rider. A rider who needs more stimulation will benefit most from a horse with a choppy stride. Riders who are tense or prone to seizures benefit most from a smooth gaited horse. Even the horse's frame has to be taken into consideration. Narrow horses are good for riders who cannot separate their legs very far. A wide-based horse is good for riders who need a larger base for balance.

All horses must have a current negative Coggins test and be up to date on all vaccinations. We cannot accept horses that have chronic health issues such as hock problems, back pain, loss of vision/hearing, heaves, feet problems, etc.

We ask for a **90 trial period** to determine whether or not the horse (or pony) will be a good fit for our program. During this time, the potential horse will go through our therapeutic training program. This time frame may be shorter, if a horse progresses quickly. If the horse is accepted into the program, Special Equestrians will provide them with a loving, working environment to call home. Those that are not suited for our therapeutic program are returned to their gracious owners

While we greatly appreciate all horses that are offered for donation, not all horses are a good match for our therapeutic riding program. Please read the guidelines below to see if your horse will be suitable for consideration as a therapeutic riding horse. There may be exceptions to these guidelines in special circumstances.

The Ideal Therapeutic Riding Horse Should Be:

1. **Age:** Ideal age of the horse is 8-18 years of age. There may be exceptions to this age criteria.
2. **Size:** Ideal size of the horse is 15.2 hands or less.
3. **Temperament:** We need horses that are easy to ride and mellow. The horse must be willing and tolerant. Some of our riders learn to ride independently and they need responsive but quiet rides. The horse we choose must be comfortable around wheelchairs, walkers, ramps, cones, beanbags, large balls, and plastic rings.
4. **Attitude and Manners:** The horse must be calm and unexcitable. The horse must not spook, kick or bite. They must be easy to groom and tack up, since they will have different people grooming, tacking up and leading them.
5. **Conformation:** The horse must have good conformation with a sturdy build. The participants range from child to adult. When they are new or less able riders, they have a tendency to apply all of their weight on the back of the horse. They are not well balanced in the saddle, in some cases. The therapeutic riding horse needs to be able to handle extra weight without becoming sore in the back.
6. **Prior Training:** Any training resulting in sound, calm, good-natured horses produces horses that are suitable for our riding program. Varied and versatile backgrounds can be indicators of the horse's adaptability.
7. **Gaits:** A steady and even walk, trot, and canter. Sure-footed.
8. **Health:** The horse must be healthy. The horse must be free from illness, lameness and skin diseases. The horse must have strong hooves and be able to work without shoes.

After reading the guidelines for horse donation, if you feel that your horse (or pony) is a good candidate to become a Special Equestrians therapeutic riding horse, please fill out the two page horse donation form. You can mail, fax or email the completed form to us. We will contact you to talk about your horse and decide whether we will be taking the next step, which would be a visit to meet your horse.

Thank you considering Special Equestrians as a 2nd career for your beloved equine.

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HORSE DONATION PROFILE

Initial Data and Screening

Special Equestrians would like to get to know your horse prior to our first on-site evaluation. Please complete this form and return to our office so that we may begin your horse donation file. You may fax or mail it to us.

Thank you, The Special Equestrians Stable Committee

Owner: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Equine's Name: _____ Age: _____ Sex: Mare or Gelding

Height: _____ Breed: _____ Color: _____ Markings/Scars: _____

How long have you owned this horse? _____

Past Use: _____

Riding Style: _____

Has your horse had any medical illnesses? _____

If yes, please explain: _____

Has your horse had any type of lameness? _____

Has your horse ever had medical issues with: Breathing _____ Colic _____

Laminitis or any other foot issues _____ Ulcers _____

If yes, please explain: _____

Is your horse on any medication now, or has it been in the past? _____

If yes, please list: _____

Veterinarian Name: _____ Phone: _____

We must have a full medical report on your horse before we consider taking the horse on trial. Do you give your veterinarian permission to discuss your horse's medical records with Special Equestrians' Stable Committee?

Signature of owner: _____ Today's Date _____

The horse must be current on Immunizations and Coggins BEFORE any trial period can begin.

Dates for most recent Immunizations:

Rhino/Flu _____ VEWT/Encephalitis _____ PHF/Rabies _____

Strangles _____ West Nile _____ Other _____

De-Worming Product and Schedule _____

Current Negative Coggins _____ **Date of last Coggins Test:** _____

Feeding:

Current Grain: _____ Amount: _____

Current Hay: _____ Amount: _____

Supplements: _____ Amount: _____

Farrier Name: _____ **Phone:** _____

Hoof (barefoot/shoes): _____ Date: _____

Is your horse: people friendly _____ Social _____ Easy Going _____

Does your horse have issues with any of the following (if yes explain below):

Cribbing or Weaving _____ Biting _____ Kicking _____ Fears _____

Tacking up _____ Farrier Visits _____ Vet Visits _____ Grooming _____

Cross Tying _____ Clipping _____

Trailer loading _____ Getting along with other horses _____

When was the last time the horse was ridden? _____

Are you willing to ride the horse for our Stable Committee? _____

Why do you want Special Equestrians to have this horse? _____

Do you want the horse to be returned to your ownership, when the horse needs to retired from the Special Equestrians? _____

Office Use Only: Initial Phone Interview Date: _____ On-Site Visitation Date: _____