



Thank you for offering the Lethbridge Therapeutic Riding Association ( LTRA) your horse, we really appreciate your offer. This is a full and comprehensive questionnaire, which is the initial stage to help us determine if a horse/pony may be suitable for our program. Potential horses then come in for an 3 week intensive trial period to assess their suitability. Please take the time to fill out the questionnaire to the best of your knowledge.

**Owners Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Horse:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Height:** \_\_\_\_\_

LTRA would like to ask you a very important question. Why do you feel your horse would make an ideal therapeutic horse and fit into our very unique program?

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1. Is the horse sound? Yes or No ( Please circle one) If answer is NO Please explain:

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2. Has your horse ever had one of the following happen? (Please circle yes or no)

- a) Founder **YES or NO**
- b) Serious illness **Yes or No**
- c) Been involved in a accident **YES or NO**

3. Is the horse physically fit? **YES or NO**

4. Please describe type of work and when the horse was used last.

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5. Where does your horse fall in the pecking order of the herd?

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6. Has your horse been kept on a regular schedule for the following:

- a) Deworming **YES or NO**
- b) Vaccinations **YES or NO**

7. Are there any issues with the following?  
a) Deworming **YES or NO**  
b) Vaccinating **YES or NO**
8. Please list the following:  
Vaccinations a) Product: \_\_\_\_\_  
b) Schedule: \_\_\_\_\_  
Deworming a) Product: \_\_\_\_\_  
b) Schedule: \_\_\_\_\_
9. Is your horse allergic to?  
a) Medicine **YES or NO** If YES what: \_\_\_\_\_  
b) Feed **YES or No** If yes what: \_\_\_\_\_
10. Is your horse easy to?  
a) Catch **Yes or NO**  
b) Lead **Yes or NO**
11. Are there any issues with?  
a) Being tied up **YES or NO**  
b) Being tacked up **YES or NO**
12. Can this horse be ridden in a halter? **Yes or NO or NEEDS WORK**
13. Does your horse pick up feet willingly? **YES or NO or NEEDS WORK**
14. Any issues with?  
a) Trimming **YES or NO**  
b) Shoeing **YES or NO**
15. What kind of bit is your horse accustomed to? \_\_\_\_\_
16. Has your horse ever been in an arena? **YES or NO**
17. Does your horse stand still for the following?  
a) Mounting from the ground? **YES or NO**  
b) Dismounting **YES or NO**  
c) Mounting from a mounting block? **YES or NO**
18. Has your horse ever been used for breeding purposes?  
**YES or NO or DON'T KNOW**
19. How long have you owned this horse? \_\_\_\_\_
20. Can you please send us an up to date photo(s) of your horse? **YES or NO**