



HORSE DONATION/LEASE POLICY & PROCEDURES

Thank you for considering a donation or lease of your horse to the Savannah Station Therapeutic Riding Program. It is the policy of SSTRP to accept donations or leases of horses from their owners for utilization in our Therapeutic Riding Program. Horses accepted into the program must be patient, mentally and physically healthy and sound, and they must be able to maintain a moderate work schedule. Savannah Station is not a sanctuary, nor a rescue organization, but rather a special place where a special type of horse fills a special need.

1. Upon receipt of the completed Horse Donation/Lease Application, SSTRP leadership will review the application.
 - a. If the horse is deemed to be a potential therapy horse candidate, an evaluation will be scheduled to view and test the horse at its present location.
 - b. If it is determined that the horse is not a good fit for the program the owner will be notified of the decision.
2. During the evaluation visit, we request that:
 - i. The horse must be current on all dental, shots, deworming, hoof care, and have a current negative Coggins. A copy of the records will need to be available for Savannah Station staff to review.
 - ii. The owner will demonstrate or have someone demonstrate the horses' ground manners and show how the horse moves under saddle at all gaits.
 - iii. The owner will demonstrate how the horse loads and unloads from a trailer. SSTRP leadership will perform ground and under saddle testing to determine temperament, training, and suitability for therapy programming.
- a. In the event that the horse does not pass the initial evaluation, the paperwork will be kept by Savannah Station, as the horse may be suitable for other types of programming as Savannah Station grows.
- b. If the horse passes the initial evaluation, Savannah Station may agree to a 90-day evaluation period.
 - i. At the signing of the 90-day lease the owner will provide copies of all medical, dental and hoof care records, and feeding requirements.
 - ii. If the horse is on a special feed, supplement, or medication, the owner will provide enough of the feed or supplement to last the 90-day period.
 - iii. The owner will transport the horse to SSTRP or make arrangements with SSTRP for pickup.
3. If at any time during the 90-day evaluation period, the horse is determined to be unsuitable for SSTRP programming, the owners will be contacted and the horse returned to them.
4. If the horse is determined to be suitable and a good fit for the program, a lease agreement (preferred method) or a donation contract will be signed and ownership of the horse will transfer to SSTRP. If the horse is leased, the horse will return to the owner when they are no longer suitable to participate in Savannah Station programming. If the horse is donated, the owner will have first right of refusal to take the horse back.



HORSE DONATION/LEASE APPLICATION FORM

Please fill out the following form completely if you are interested in donating or leasing your horse to Savannah Station Therapeutic Riding Program.

In addition to this form, please submit at least one photograph of your horse.

Owner Information

Owner Name:

Address:

Cell: _____ Alternate Phone: _____

Email: _____

Horse Information

Horse Name: _____

Horse Breed: _____

Horse Color/Markings: _____

Horse Age: _____ Height: _____ Weight: _____ Gender: Mare Gelding
NO Stallions

Why did you buy this horse and how long have you owned it?

Why have you decided to donate or lease this horse to Savannah Station Therapeutic Riding Program?

Where is the horse located:

Training Experience

Is this horse easy to: (check all that apply)

- Catch/Halter Lead Saddle Bridle Load/Unload in Trailer
 Tie/Cross Tie Groom/Clip Clean Hooves Worm Bathe

Does the horse: (check all that apply)

- Direct Rein Neck Rein Stand quietly for mounting/dismounting

Has this horse been trained or had experience in: (check all that apply)

- Trail Driving Dressage Competitive Trail Eventing Youth
 General Western Riding Endurance Barrel Racing Reining
 General English Riding Jumping Western Pleasure Other:

Showing/Competition Experience:

Showing/Competition Experience: Yes No If yes, please elaborate or attach record if available:

How often is the horse currently being ridden?

If not currently being ridden, why not? _____

When was the horse last regularly ridden? _____

Can this horse be ridden by: (check all that apply)

- Children Light/Medium weight riders – walk, trot, canter Beginners
 Adults at walk and trot Anyone - walk, trot, and canter

Temperament

Temperament: (1-10, 1= Very Quiet, 10= Highly Spirited) _____

Friendliness toward Adults: (1-10, 1= Very Friendly, 10= Nasty/Afraid) _____

Friendliness toward children: (1-10, 1=Very Friendly, 10= Nasty/Afraid) _____

Friendliness toward Horses: (1-10, 1= Very Friendly, 10= Nasty/Afraid) _____

Friendliness toward Animals: (1-10, 1= Very Friendly, 10= Nasty/Afraid) _____

Has this equine ever: (check all that apply and explain if “yes”)

___ Bucked ___ Kicked ___ Reared ___ Bitten ___ Other improper behavior_____

Trailing

Has your horse ever been transported in a horse trailer? Yes No

If yes, what type of trailer?

Was your horse easy to load in the trailer? Yes No

If no, what did the horse do and how did you load them?

Does your horse back quietly out of a trailer? Yes No

If no, how do they unload best?

Care

Is your horse stalled: Yes No Is your horse on 24 hour turnout: Yes No

Turnout needs: _____

In the pasture, where is your horse in the pecking order?

Current Feed: _____

Current Hay: _____

Current Supplements: _____

Current Medications: _____

Hoof care: Barefoot Front Shoes Only Shoes on all 4 Special Shoes _____

Last worming/type: _____ Last Vaccines: _____

Last teeth floating: _____ Last Coggins: _____

History of Founder/Colic: Yes No If yes, explain: _____

Signs of Cushings or other metabolic diseases? Yes No

If yes, explain: _____

Cribber or Weaver: Yes No If yes, explain: _____

Any past injuries that required treatment from a vet? Yes No

If yes, explain: _____

Any pre-existing health conditions, issues, or injuries? Yes No

If yes, explain: _____

Current Vet: _____ Phone Number: _____

Current Farrier: _____ Phone Number: _____

Please include the name and contact information of one reference who knows this horse well:

Is there anything else you can tell us that will help us better evaluate this horse:

Submit application to:

Savannah Station Therapeutic Riding Program

P. O. Box 852084

Yukon, OK 73085

405-422-6239

info@savannahstation.org

savannahstation.org

Facility: 9304 N. US Hwy 81

El Reno, OK 73036

VET CHECK LETTER

Please give this form to your veterinarian for completion.

Horse Name:

Owner Name:

At Savannah Station Therapeutic Riding Program, all of our horses must be patient, sound at the walk, trot, and canter, be in good health, be able to comfortably carry 15-20% of their body weight, and be able to do moderate work 3-5 days a week.

Date of last examination/shots given and type:

Date of last dental exam/float:

To be completed by licensed veterinarian only:

Horse's Weight: _____ Height: _____ Age: _____

Comments on:

Eyes: _____

Teeth: _____

Back: _____

Legs/Hooves: _____

Overall Condition: _____

How long have you known this horse? _____

Signed By:

Veterinarian: _____ Date: _____

Phone: _____ Email: _____

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