



**HALLECK CREEK RANCH**  
*Life Without Barriers*

**Application for Horse Donation**

Horse Name: \_\_\_\_\_ Sex: Mare Gelding Date: \_\_\_\_\_

Location of Horse: \_\_\_\_\_ Current Living Situation: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**HEALTH HISTORY**

Current Vet: \_\_\_\_\_ Farrier: \_\_\_\_\_ Feed: \_\_\_\_\_

**Vaccinations:**

Type: \_\_\_\_\_ Date Given: \_\_\_\_\_

Type: \_\_\_\_\_ Date Given: \_\_\_\_\_

Type: \_\_\_\_\_ Date Given: \_\_\_\_\_

**Deworming:**

Type: \_\_\_\_\_ Date Given: \_\_\_\_\_

Type: \_\_\_\_\_ Date Given: \_\_\_\_\_

Type: \_\_\_\_\_ Date Given: \_\_\_\_\_

Feet: (please circle) Barefoot/Trimmed    Half-Set    Full-Set

Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_ Lameness Issues: \_\_\_\_\_

Last Ridden: (date/type) \_\_\_\_\_

**Additional Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRAINING & EXPERIENCE**

Horse schooled in Arena: \_\_\_\_\_ On Trails \_\_\_\_\_ Shows/Parades: \_\_\_\_\_

English: \_\_\_\_\_ Western: \_\_\_\_\_ Dressage: \_\_\_\_\_ Jump: \_\_\_\_\_

Walk: \_\_\_\_\_ Trot: \_\_\_\_\_ Canter: \_\_\_\_\_

Lunges: \_\_\_\_\_ Leads at walk: \_\_\_\_\_ Leads at trot: \_\_\_\_\_

What is the typical way of going:

Hard to get going: \_\_\_\_\_ Willing \_\_\_\_\_ Forward \_\_\_\_\_ Gate/Barn Sour: \_\_\_\_\_

**TEMPERAMENT WHILE AT WORK**

Has the horse ever: Kicked: \_\_\_\_\_ Bucked: \_\_\_\_\_ Reared: \_\_\_\_\_

Does the Horse Bite: \_\_\_\_\_ Spook: \_\_\_\_\_ Pull Back: \_\_\_\_\_ Bathe: \_\_\_\_\_ Crib: \_\_\_\_\_

HERD DYNAMIC- Aggressive: \_\_\_\_\_ Passive: \_\_\_\_\_ Quiet: \_\_\_\_\_

Gets along with other horses (mares & geldings): \_\_\_\_\_

Dislikes: \_\_\_\_\_

Reason for desire to donate horse: \_\_\_\_\_

TACK – Bit: \_\_\_\_\_ Martingale: \_\_\_\_\_ Ride in halter: \_\_\_\_\_ Bareback: \_\_\_\_\_

*\*Please Note: In order for your horse to be considered for trial, you must also provide at least the past three years of veterinary records. These records, along with this application, can be faxed to (415)662-2421 or emailed to Program Director, Brenda Falco at [bfalco@halleckcreekcranch.org](mailto:bfalco@halleckcreekcranch.org). Additional records may be requested by HCR where deemed appropriate.*