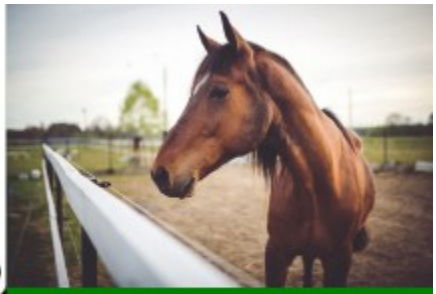
Miracles in Motion
THERAPEUTIC EQUESTRIAN CENTER



Horse Donation Application

We greatly appreciate your interest in Miracles in Motion. Miracles looks for quiet, patient, healthy geldings that are at least 8 years old. Horses must be injury-free and have no lameness or health issues. Please fill out the form below to begin the application process.

Submitting a horse donation application does not guarantee a trial, and arranging a trial does not guarantee program acceptance.

Owner Information

Name _____
Address _____
City, State, Zip _____
Phone _____
Email _____

Horse Information

Name _____
Breed and Color_____
Age/ Date of Birth_____
Height and Weight_____
Build (thin, average, stocky)_____
Horse's current location_____
How long have you owned this horse?_____
Why are you considering donating him to Miracles? _____

_____
What type of work is the horse currently doing and how often? _____
What sort of training does this horse have? _____
Would you allow a beginner to ride this horse? Yes No
What saddle type do you use? (English, Western, endurance, …)_____
Can your horse walk, trot, and canter easily on both leads? _____

Personality: Quiet Calm Nervous Spooky Confident Dominant Other _____
Manners: Halters easily Leads easily Stands quietly Good for farrier
Please send a video or photos to: Miraclesinmotion@gmail.com

Feed/Medical/Shoeing

Current grain, medications, supplements_____
Current on yearly vaccinations and deworming?_____
Veterinarian _____
Describe any health problems, including soundness _____
Has this horse had: colic laminitis allergies joint problems metabolic issues
Farrier and date of last trim _____
Special shoeing Yes No
Turn out schedule_____

Behavior

Is this horse safe, quiet, and well behaved

- In a stall
- Tied, either straight tie or cross tie
- When being led, groomed, and tacked
- When being clipped or bathed
- When hooves are trimmed
- Riding in an arena
- Riding on trails
- Trailering

Please explain if no _____

Trial Process

Will you provide or release veterinarian records to Miracles?
Would you provide x-rays of your horse's hock, stifle as requested?
When would you like to place this horse? _____
Can you transport the horse to Miracles? Yes No
Would you like the horse returned to you if it needs to retire? Yes No
Would you pay for any expenses for your horse during the trial period or when the horse is part of the Miracles program? Yes No

The above information is complete and true to to the best of my knowledge.

Signature and Date _____