

MTRA Horse Selection Criteria for the Ideal Program Horse

1. Between 8 and 15 years old
2. Geldings preferred, Mares OK
3. 14 to 15.2 hands tall
4. Temperament: gentle, quiet attitude, and easy-going, pleasant to be around (most important)
5. Serviceably sound at walk, trot, and canter
6. Experience with a beginner rider at walk/trot/canter
7. Good ground manners – grooming, standing, shoeing
8. Not on any long term medical supplement or treatment
7. Well trained and/or previous lesson horse (4H, Pony Club, Show horse, Western pleasure)
8. Be able to work 3 hours a day, 5 days a week
9. Be able to work on or off lead. Be lead from both sides.
10. Be able to work outside an arena
11. Be able to stand quietly for long period of time
12. Conformation – length of back, bone density, narrow or wide based
13. Tolerant of loud noises, unsteady rider, crowded by sidewalkers, flags, toys, props waved over their heads, groomed several times a day, different handlers, sidewalkers leaning on them
14. Willing to stand still for mounting/dismounting
15. Willing to stand still in ramp with people on both sides, standing/leaning over, for several minutes.
16. Current Negative Coggins
17. Up to date on vaccinations
18. Acceptable Herd behavior
19. No stall vices
20. Be a donation

MTRA Horse Profile

Owner: _____ Phone: _____

Address: _____

email: _____

Horse's Name: _____ Nickname: _____ Age: _____

Sex: M G

Height: _____ Breed: _____ Color: _____

Markings/Scars: _____

How long have you owned this horse? _____

Riding Discipline: _____

Past Use: _____

Has your horse had any major health problems in his life? _____

If yes, please explain: _____

Has your horse had any type of lameness in the past year? _____ If yes, please explain:

Is your horse on any medications? _____ If yes, please explain: _____

Veterinarian Name: _____

Phone: _____

Please list the latest dates for the following (write n/a if not applicable):

Rhino/Flu _____ West Nile _____

EW/Encephalitis _____ Rabies _____ Strangles _____ Tetanus _____

Other _____ Negative Coggins _____ Deworming _____

Product _____

Feeding: Hay Type _____ Amount: _____

Grain: _____ Amount: _____

Supplements: _____ Amount: _____

Is horse shod or barefoot: _____

Farrier Name: _____ Phone: _____

Date of last farrier visit: _____ Does horse stand quietly for farrier: Y or N

Any Vices (cribbing, weaving)?

Does your horse: Cross tie: _____ Lunge: _____ Load easily in trailer: _____

Bathe: _____ Walk, Trot, Canter under saddle _____

Why do you want to donate your horse to MTRA? _____
