



JAKES Club
Jesus And Kids Evangelistic Saddle Club

Reaching children and changing lives one child with one horse at a time!

JAKES Club Prospective Horse (Gelding) Donation

Hello! Thank you for considering JAKES Club as a possible home to donate your horse! Many of our horses have been donated by individuals like you, and we could not function without your generous support.

Here are a few things to consider if you think your horse would be happy as a therapeutic riding horse:

Contrary to what some may believe, being a therapeutic riding horse is a physically, emotionally, and mentally challenging job! Therapeutic horses need to be 100% sound at the walk, trot, and canter. A horse's walk mimics the movement we use while walking and is therefore very beneficial for both cognitive and physically challenged riders.

The best therapeutic riding horse has good ground manners, is good working in hand, and does not mind being handled and approached by different individuals. They also tend to have more of a curious nature/instinct instead of the flight instinct, especially when presented with something new or being put in a new situation. We also need our horses to be comfortable with one or two Sidewalkers (one person on each side of the horse assisting the rider) while walking and trotting during the lesson.

Horse Donation Process:

The horse donation process is as follows:

1. Owner will print and complete the prospective horse form. If you are printing the form to fill out by hand, you can submit the form by scanning it and emailing it to Equine@jakesclub.org or mailing it to the following address: *JAKES Club 39002 E. Nevins Road, Oak Grove, MO 64075.*
2. **Owner provides JAKES Club with pictures of the horse (at least one head shot and one profile)** and a short video of the horse being lunged and ridden at the walk, trot and canter. If the pictures and videos are available online (via YouTube, for example), please indicate on the evaluation form where our staff can locate them. If they are not available online, you may email them to us at Equine@jakesclub.org (if the files are relatively small) or mail them to the above address.
3. If the horse fits our current needs and facility space, we will contact you and set up a time for two staff members to evaluate the horse.
4. If the horse fulfills the program needs after the evaluation, we will bring the horse in on a minimum 60 day trial, and the owner will enter in a Horse Trial Agreement with JAKES Club. During the trial period, we will continue to evaluate him for suitability for therapeutic riding.
5. **Before we accept a horse for donation, we will conduct a vet check towards the end of the trial period.**

JAKES Club Prospective Horse Donation Evaluation

Date Submitted (M/D/Y): _____

Name of Horse: _____ Registered Name (if applicable) _____

Owner Information

First Name: _____ Last: _____

Full Address: _____ County: _____

Phone (H) _____ (C) _____

E-mail: _____

Horse Conformation

AGE: _____ Height: _____ Weight: _____ Breed: _____

Color: _____ Registered: Yes or No Registry Name: _____

Please explain reason looking to donate/find a new home or situation for your horse:

Are you looking to donate or sell your horse? _____

How soon do you need to place your horse? _____

Personality

Horse Likes _____

Horse Dislikes _____

Horse Manners

Stands Quietly for Mounting: **Circle** Yes or No – Please explain _____

Leads well: Yes or No – Please explain _____

Safe with Sidewalkers at walk/trot: (one person on each side of the horse assisting the rider)

Yes or No – Please explain _____

Cross –Ties: Yes or No – Please explain _____

Loads well: Yes or No – Please explain _____

Trailers well: Yes or No – Please explain _____

Farrier

Stands well for Farrier: Yes or No – Please explain _____

Front Shoes: Yes or No – Please explain _____

Hind Shoes: Yes or No – Please explain _____

Date of Last Appointment: _____

Normal cycle: **Circle** 4 weeks 5 weeks 6 weeks 8 weeks

Special shoeing instructions: _____

Disciplines Trained or Experience (Please be specific)

Dressage: _____

Hunter/Jumper: _____

Reining: _____

Western Pleasure: _____

Halter: _____

Showmanship: _____

Other: _____

Showing Experience

Class _____

Years _____

Location _____

Riding

Safe for a Beginner rider: Yes or No – Please explain _____

Lunges well: Yes or No – Please explain _____

Special tack/equipment used/needed: (Ex: Bell boots, Sport Medicine Boots, Martingale, etc.) Yes or No

Yes – Please explain _____

Health

Coggins Test Date: _____

Immunizations: (Please present immunization records)

West Niles: _____ Rabies: _____ Influenza: _____

Strangles: _____ Tetanus: _____ Rhino: _____

Medical Issues

Veterinarian Name & Contact Information for References:

Previous

Colic – Date: _____

Founder – Date: _____

Surgeries – Date: _____

Lameness – Date: _____

Other: _____

Current: Yes or No

Yes – Please explain:

Date of Onset _____

Reoccurring _____

100% Sound

Walk: Yes or No – Please explain _____

Trot: Yes or No – Please explain _____

Canter: Yes or No – Please explain: _____

Feeding

Type and Amt. of current Feed: _____

Type and Amt. of current Hay: _____

Supplements: _____

Medications: _____

Stalled/Turn Out

Stalled: Yes or No please explain _____

Dry Lot: Yes or No please explain _____

Pasture (Turn out with mares/geldings): _____

Important miscellaneous information: _____

Completion:

Thank you for completing this questionnaire to the best of your ability and submitting prior to personal horse evaluation. Please do not hesitate to contact Cathie Perry, Executive Director, or Jacob Perry, Equine Director, by email Equine@jakesclub.org, Info@jakesclub.org or 816-682-9830.

Thank you again for your support and for considering Jesus And Kids Evangelistic Saddle Club!