



RIDING FOR THE DISABLED ASSOC (NSW)
"TALL TIMBERS" CENTRE
125 Old Pitt Town Road, BOX HILL. NSW. 2765
Phone: (02) 9679 1246
Fax: (02) 9679 0638
Email: talltimbers@rdansw.org.au

PONY/HORSE OFFER

Thank you for offering a horse to Riding for the Disabled. Please read the following conditions, complete the form and return it to the above address.

If possible, please enclose a recent photograph of your horse.

CONDITIONS

- A) After the form is completed and returned, RDA will contact you and arrange a suitable time to come out and inspect your horse at its location.
- B) If suitable it will be arranged for the horse to be brought to RDA for a trial period of approximately 4 weeks.
- C) Following a trial period, and if the horse is accepted, all care and responsibility will now be with RDA. If not accepted arrangements will be made to return the horse, and must be returned to the horse's home within 4 weeks.

As soon as a decision has been made either way you will be contacted immediately.

Thank you for supporting Riding for the Disabled in this way.

RIDING FOR THE DISABLED - PONY/HORSE FORM

125 Old Pitt Town Road, BOX HILL NSW 2765 Phone: 9679 1246 Fax: 9679 0638

Name: _____ Date: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ (H) _____ (W)

Mobile: _____

Email: _____

Location of Horse (if not at the above address) _____

Name of Pony/Horse: _____

Sex: _____ Age: _____ Height: _____

Breed or type: _____ Colour: _____

Type of work/schooling - Please tick and give details/levels

Dressage: _____

Showjumping: _____

Cross Country: _____

Trail riding/pleasure: _____

Hacking: _____

Sporting: _____

Driving/Harness: _____

Sidesaddle: _____

Pony Club: Name of Pony club _____

For how long: _____

Is the horse (please tick)

1. Quiet to handle _____
2. Quiet in stable _____
3. Is the horse stabled _____ yarded _____ paddocked _____ with/without electric fence _____
with other horses _____
4. Quiet with other horses _____
5. Easy to catch _____
6. Easy to mount _____
7. Quiet in traffic _____
8. Free going or inclined to be sluggish _____
9. Any peculiarities eg whip shy, raincoats _____
10. Easy to float _____ Float with another horse _____

HISTORY/VET

Vices:	Weaving	Yes/No	Does your horse suffer from:	
	Windsucking	Yes/No	Arthritis	Yes/No
	Crib Biting	Yes/No	Navicular	Yes/No
	Kicking	Yes/No	Founder/laminitis	Yes/No
	Biting	Yes/No	Back problems	Yes/No
			Queensland itch	Yes/No

Last dates of

i) Tetanus vaccination _____ ii) Teeth filed _____
iii) Worming treatment - type _____ frequency _____

Is your horse normally shod _____ normally trimmed _____
corrective shoeing _____ if so please specify _____

Farrier: _____ Phone: _____

Vet: _____ Phone: _____

Has your horse had any past injuries?

Is your horse allergic to penicillin Yes/No

Feeding:

Please list below current diet of horse and type of work the horse is doing at the present.
Please note any feeds, which should not be fed to your horse which may affect him.

If accepted is the horse offered as a

- _____ Gift - Owner relinquishes all rights and responsibilities of the pony/horse and RDA is wholly responsible for final placement.
- _____ Long Loan – Min 3 years following completion of trial - Owner maintains ownership of pony/horse, is required to maintain current contact details and is responsible for the placement of pony/horse within one month of being retired from RDA for any reason or at any time within the loan period. The owner will be advised by telephone or registered mail. If arrangements have not been made within 1 month RDATT will make alternative arrangements and transfer ownership at their discretion.

Are there any particular conditions in the case of a loan?

In the case of a long loan pony/horse we have to reserve the right to decide on humane destruction should this be necessary in the case of an emergency, but would normally consult the owner as to the action to be taken should the occasion arise.

If possible please enclose a current photo of your pony/horse.

Signature of owner: _____ Date: _____

Signature of RDA Representative: _____ Date: _____

Please return this form to Riding for the Disabled Association, "Tall Timbers" Centre, 125 Old Pitt Town Road, BOX HILL. NSW. 2765 at your earliest convenience