



Lipizzan Rescue Foundation
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Las Vegas, NV
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www.LipizzanRescueFoundation.org

Lipizzan Rescue Foundation

Equine Donation

Questionnaire

Equine Information

Horse's Name	Gender
Breed	Age
Height	Weight
Color/Markings	
Is the equine registered? If so please name the Registry or Association & the Horse's Registration #	
Does the equine have a lip tattoo? If so, what is the tattoo?	
Is the equine branded? Where is brand located? Please describe the brand or draw it here:	

Temperament & Training Information

How long have you owned this equine?	
Temperament (enter number)	1 = Very Quiet 2 3 4 5 6 7 8 9 10 = Highly Spirited
Friendliness with people (enter number)	1 = Nasty/Afraid 2 3 4 5 6 7 8 9 10 = Very friendly
Friendliness with horses (enter number)	1 = Nasty/Afraid 2 3 4 5 6 7 8 9 10 = Very friendly
Friendliness towards dogs (enter number)	1 = Nasty/Afraid 2 3 4 5 6 7 8 9 10 = Very friendly
Does this equine have a history of: (check all that apply and explain if "yes")	
<input type="checkbox"/> Bucking <input type="checkbox"/> Rearing <input type="checkbox"/> Kicking <input type="checkbox"/> Biting <input type="checkbox"/> Other	
Explain: _____	

Is this equine easy to: (check all that apply)

☐ Lead ☐ Tie ☐ Trailer ☐ Clip ☐ Pick Up Hooves

Other: _____

Can this equine be ridden by:

(check all that apply)

☐ Can not be ridden: lameness/injury/old age

☐ Can not be ridden: young / lack of training

☐ Children at walk

☐ Adults at walk

☐ Light/medium riding

☐ This equine has no riding limitations

Has this equine been trained or had experience in: (check all that apply)

☐ Trail

☐ Endurance

☐ General English

☐ Eventing

☐ Dressage

☐ Jumping (Height? _____)

☐ Driving

☐ Youth Horse

☐ Long-Rein

☐ Other: _____

(Please describe)

Housing Information

What kind of housing situation is the equine used to? (pasture, stall, etc.)

What type of turnout schedule is the equine used to?

What kind of fencing is the equine used to? (board, tape, electric wire, etc.)

Health Information

What and how much is the equine currently being fed?

Is the equine on any type of supplements or medications? If yes, please describe.

Describe any current or previous health problems:

Does the equine have any special needs?

Describe any current or previous lameness problems:

Is the equine current on vaccinations? If so, which and when were they last administered?

Disease	Date	Disease	Date
E&W Encephalomyelitis	_____	Strangles	_____
Influenza	_____	Rabies	_____
Rhinopneumonitis	_____	PHF (Potomac)	_____
Tetanus	_____	()	_____
West Nile	_____	()	_____

Does this equine have a current coggins test? *If yes, please give the date of the coggins, veterinarian who performed the coggins, state in which the coggins was done and the results or attach coggins to this form.*

Date & product of last worming

Date of last time teeth were floated

Date of last sheath/udder cleaning

Date of last farrier care

General Information

Owner's Name

Veterinarian's Name

Address

Address

City/State/Zip Code

City/State/Zip Code

Telephone Number and Email Address

Telephone Number

Is there anything else you can tell us about the equine that will enable us to help find him/her the best possible home?

Thank you for providing us with valuable information about the equine, it will help us find the best home possible!