



Children, Horses and Adults in PartnerShip (CHAPS) Equine Assisted Therapy

PMB 201, 1590 Sugarland Dr Ste B

Sheridan, WY 82801

307-673-6161

www.chapswyo.org

info@chapswyo.org

Horse Connection Seller Application – this application is extensive and is designed to give the buyer a real good idea of the horse he or she is interested in purchasing. Please don't be offended by any questions as they are in the best interest of the horse. Our goal is to provide an ideal match for horse and owner. No horse traders or kill buyers are allowed.

Name _____

Address _____

City, State, Zip _____

Email _____

Phone _____ Cell phone _____

Horse's Name _____ Age _____

Registered Name (if applicable) _____

Registration number (if applicable) _____ Breed _____

Mare _____ Gelding _____ Stallion _____ Height _____ Approx weight _____

Horse's color _____ Brand (if applicable) _____

Asking Price _____ Would you donate to the right person? _____

Why are you selling this horse? _____

Last date of vaccinations _____ Vaccinated for (check all that apply) : West Nile _____

Tetanus _____ Sleeping sickness _____ Rabies _____ Influenza _____ Rhino _____

Strangles _____ Other (please specify) _____

Date of last deworming _____ Product last dewormed with _____

Date of last dental _____ Date of last veterinary visit _____

Reason for last veterinary visit _____

Date of last negative Coggins test _____ Date of last fecal exam _____

Date of last farrier visit _____ Does this horse require shoes? _____
Any farrier issues? (club foot, founder, prone to abscesses, etc.) _____

Does this horse have any lameness issues? _____ If yes, please indicate when the diagnosis was made and by whom. Also describe any maintenance you do to keep the horse comfortable. _____

What has this horse done? Include all training, showing, pleasure, etc. Be thorough. _____

Does this horse: Bathe _____ Clip _____ Lunge _____ Load in the trailer _____

Easy to deworm _____ Ride bareback _____ Ride western _____ Ride English _____

What type of headgear? (hackamore, bosal, bridle, sidepull, etc.) _____

If a bridle, what type of bit? _____

Is this horse kid safe? _____ In detail, describe why you feel this horse is kid safe. _____

Does this horse have any metabolic or nutritional issues, i.e., Cushings, allergies, COPD etc.? _____

If so, please describe, in detail, the diagnosis and by whom as well as what medications or management is needed to keep the horse comfortable. _____

Does this horse have any bad habits? (kicking, chewing wood, hard to catch, cinchy, etc.) _____

If yes, please elaborate. Be thorough. _____

What are you currently feeding this horse? Include any grain or concentrates & amount, supplements and hay type & amount as well as frequency of feeding. _____

What kind of home are you seeking for this horse? Be detailed. _____

The buyer is required to sign a contract with you promising to feed, care and properly manage the horse you are selling. In return, you must be willing to share copies of this horse's veterinary records. Are you willing to do so? _____

Please provide a video of the horse being ridden as well as photos of the horse under halter. If you need the use of an indoor arena, please contact use (info below) and we can schedule a time for you to use ours.

Thank you for applying to the Horse Connection. We are pleased you are here. It is our greatest hope we can help your horse connect to an ideal individual for a great partnership and life. Please feel free to reach out if you have questions.

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