



8667 E. Shea Blvd, Suite 106-522
Scottsdale, AZ 85260
Phone: 480.393.0870
Fax: 480.626.4134
info@hunkapi.org
www.hunkapi.org

Horse Donation or Loan Information Form

Thank you for agreeing to donate or lease your horse to Hunkapi Programs Inc. The Hunkapi horse manager believes that your horse may be an excellent candidate for the program. Each candidate is accepted into the program within a 90 day trial basis. During this time your horse will be introduced to the role of a therapeutic riding horse. Staff will conduct ongoing evaluation of the horse's response to the Hunkapi environment. We will be determining your horse's ability to work with riders with special needs with emphasis on physical and mental well-being.

Stabling: Your horse will be stabled in an individual shaped pen. If your horse becomes ill or injured, an Hunkapi contract veterinarian will be called to provide medical care. Hunkapi agrees to provide high quality care for your horse and will take all reasonable precautions to prevent illness or injury to the horse while in their care. However, Hunkapi cannot guarantee that illness or injury will not occur. By signing below, you agree to release Hunkapi and their employees and agents for any harm or damage not caused by their negligence.

Hunkapi reserves the right to return the horse to you at any time if it does not meet the needs of our program. Hunkapi will notify you as soon as a final decision is made. The Hunkapi staff encourages owner input, which will facilitate the horse's smooth transition into the Hunkapi program.

Horse Information

Owner's Name: _____ Today's Date: _____

Address: _____ Home Phone: _____

Horse's Name: _____ Age: _____ Breed: _____

Description: _____

Habits: _____

Papers Received? _____ Last shots received: _____ Date: _____

Last worming: _____ Type: _____ Date: _____



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Please fill in below information, which will be helpful in the handling of your horse:

Past injuries: _____

Restrictions on use: _____

Special feed instructions: _____

Special equipment needs: _____

Miscellaneous: _____

Paid by owner- Board: _____ Vet: _____ Furrier: _____

Notify of retirement: _____ Notify of serious injury/illness: _____

Signed: _____

Date: _____

Horse Owner

Signed: _____

Date: _____

For Hunkapi Programs Inc

