



## LIFT ME UP!

9700 Georgetown Pike  
Great Falls, Virginia 22066  
Phone: (703)-759-6221  
E-Mail: [payment@liftmeup.org](mailto:payment@liftmeup.org)  
Web: [www.liftmeup.org](http://www.liftmeup.org)

### THERAPEUTIC RIDING PROGRAM

### EQUINE INFORMATION FORM

*Donate today and help us make a life-changing difference in the world of our special needs riders*

OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

#### EQUINE INFORMATION

EQUINE NAME: \_\_\_\_\_ BREED \_\_\_\_\_

AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ COLOR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Disciplines(s): \_\_\_\_\_

Is your horse/pony able to walk/trot/canter/jump? If not, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does your horse/pony have any lameness issues? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does your horse/pony have any physical/psychological problems that call for routine treatment? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does your horse/pony load/trailer?

---

---

Why would you like to donate your horse/pony to Lift Me Up! Therapeutic Riding Program? Please explain:

---

---

---

Do you have a clear title to this equine? \_\_\_\_\_

Where is your horse/pony currently stabled? \_\_\_\_\_

---

Due to space and program restrictions at any given time, we may not be able to accept new equines into our riding program immediately. Are you able to delay this donation if space is currently unavailable?

---

---

Please include any additional information you wish to provide in the space below:

---

---

---

Please provide any photographs of your horse/pony with the Equine Information Form and mail to:

**LIFT ME UP!**  
**9700 GEORGETOWN PIKE**  
**GREAT FALLS VA 22066**

*Thank you for your interest in donating your horse/pony to our program*