**RDA Equine Assessment Form (Ridden)**

Before being used in RDA sessions, the equine must be assessed against all the necessary requirements to fulfil the activity or activities. This is the minimum standard required. The pass rate is dependent on the activity the equine will be undertaking. The equine must be trained and re-assessed if the activity is changed or adapted, or if new equipment is introduced.

* At no point should the combined weight of the tack and participant exceed the horse’s maximum carrying weight. See the Horse/Rider Combination Form.
* Equine assessments can be carried out by a Regional Equine Advisor, Regional Coach, County Coach, or someone suitably nominated by one of the above.
* While being trained, the equine must not be ridden or used in RDA activities with participants.
* Following a successful assessment, please use the schooling record to monitor training.
* If purchasing an equine, it must pass a minimum of a two-stage vetting.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of person completing the assessment: |  | | Date of Equine Assessment: |  |
| Date Equine joined the Group: |  |
| RDA Role: |  | | | |
| RDA Group and venue name(s) where the equine will be used (if used at multiple venues, please state all): |  | | | |
| Please list the activities the Equine is being assessed for: |  | | | |
| Equine suitable for RDA activity (circle most appropriate): | YES / NO | If ‘NO’, please explain why: |  | |
| Date of reassessment (if applicable): |  | Signed: |  | |
| If required please state any other supporting information or training needs: |  | | | |

**Details of Equine**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Stable name: |  | | | |
| Passport name (if different) and number: |  | | | |
| Microchip number: |  | | | |
| Date of birth (estimation permitted) (dd/mm/yyyy) or (mm/yyyy): | (Minimum age for RDA ridden activities 5 years) | | | |
| Height: |  | | | |
| Breed/Type: |  | | | |
| Sex:  (Use of Stallions is not permitted) | Mare |  | Gelding |  |
| Registered owner: |  | | | |
| Behavioural traits: |  | | | |
| Medical History/Current Conditions/Medication Required: |  | | | |
| Tack (please state type, fit, condition and description): |  | | | |
| Any other comments or observations: |  | | | |

**Weight (in kg) and Body Condition Score (BCS)**

|  |  |
| --- | --- |
| Date: |  |
| Weight (kg): |  |
| Body Condition Score (1-5 Scale): |  |
| Max. carrying weight (kg): |  |
| Weight of tack (kg): |  |
| Max. (combined) weight of participant (kg): |  |

**What criteria must the equine meet?**

|  |  |  |
| --- | --- | --- |
| Criteria | Yes / No / NA | Further training required (Yes/ No/ NA) |
| Accepts being led both sides |  |  |
| Accepts side walkers |  |  |
| Accepts rider movement |  |  |
| Accepts rider noises |  |  |
| Accepts block mounting |  |  |
| Accepts ramp mounting and dismounting |  |  |
| Accepts hydraulic platform mounting / dismounting |  |  |
| Accepts hoist mounting / dismounting |  |  |
| Accepts crutches, canes and walkers |  |  |
| Accepts wheelchair transfers |  |  |
| Accepts balls, cones, rings and games |  |  |
| Obeys voice command “Halt” and “Walk” |  |  |
| Obeys voice command for trot and canter |  |  |
| Lunges well both directions in all gaits |  |  |
| Long reins well in both directions |  |  |
| Accepts compensatory equipment |  |  |
| Works over poles and small fences |  |  |
| Able to hack on the road and / or field |  |  |
| Suitability for horse care sessions |  |  |

**\*Please use this assessment form in conjunction with the training and schooling record.**