



CONNECTICUT MILITARY DEPARTMENT

INSTRUCTIONS FOR HORSE SUITABILITY QUESTIONNAIRE

APPROVAL: The Adjutant General (TAG) has approved use of this form IAW General Order (GO) 2023-2 (Herd Administration), 1 November 2023

PURPOSE: The purpose of this form is to obtain necessary information regarding the suitability of horse for donation to the Connecticut Military Department (CTMD). Based on the information obtained from the questionnaire, CTMD will decide if the horse is suitable for a trial evaluation.

TIMEFRAME: A horse meeting the acquisition suitability standards required by GO 2023-2 will undergo a trial evaluation at a CTMD facility not to exceed 120 days. The trial evaluation begins the date the horse is received at the CTMD facility. CTMD will not permit a horse to be received at a CTMD facility for a trial evaluation until all required documentation is properly completed and received by CTMD. Any horse that does not pass the trial evaluation will be returned to prospective donor.

CONDITIONS: A horse that passes the trial evaluation may be accepted by CTMD as a donation. Upon written acceptance of the owner's offer to donate the horse, the horse becomes the property of the State of Connecticut (CTMD). The donation transfers legal ownership of the horse to CTMD. When the horse becomes unable to meet CTMD horse requirements, CTMD will begin the process of divesting (retiring) the horse from state militia service. CTMD will first offer the horse to the donor (courtesy of right of first refusal) before implementing other options as provided by state law, regulation, and general orders.

CONSENT: Completion of this form authorizes the CTMD to contact the horse owner's veterinarian and farrier to discuss the health and suitability of the horse being considered for trail evaluation. Completion also serves as the horse owner's written consent to have the horse undergo trial-evaluation and training by members of the Governor's Guards.

APPROVAL: Before the horse is determined to be suitable for a trial evaluation, the Unit Horse Officer, CTMD State Agricultural Worker, the CTMD Fiscal Administrative Officer (FAS) or the FAS Designee and the unit Commandant must review this document and acknowledge that the horse is suitable to be received at a CTMD facility for integration into the herd for trial evaluation. If for any reason, any of the four CTMD officials do not approve, the donation process is terminated.

RECORD RETENTION: This document and all attachments are state records. The CTMD requires the State Agricultural Worker to retain these records in the horse's individual record while the horse is CTMD property. The State Agricultural Worker is subject to inspection upon request. The State Property Officer may access the State Agricultural Worker's horse records at any time for property accountability purposes. A copy of this document also maintained by the Unit Horse Officer and the CTMD Property Officer.

CONTACT INFORMATION:

First Company Governor's Horse Guard
Unit Horse Officer
280 Arch Road
Avon, CT 06001
1GHG.CTMD@ct.gov
(860) 673-3525

Second Company Governor's Horse Guard
Unit Horse Officer
4 Wildlife Drive
Newtown, CT 06470
2GHG.CTMD@ct.gov
(203) 270-6203

**CONNECTICUT MILITARY DEPARTMENT
HORSE SUITABILITY QUESTIONNAIRE**



OWNER INFORMATION					
Name		Phone Number		E-Mail	
Street Address		City		State	Zip-Code
HORSE INFORMATION					
Registered Name			Barn Name		
Breed <i>(please provide a copy of registration papers)</i>		Age	Height	Size	Color
					Gender <input type="checkbox"/> Gelded
Markings					
FEED INFORMATION					
Grain (Brand & Type)			Hay (Type)		
Feed Schedule (In Pounds)					
Grain			Hay		
AM:			AM:		
PM:			PM:		
MEDICAL PROVIDER INFORMATION					
Name of Veterinarian		Phone Number		E-Mail	
Name of Farrier		Phone Number		E-Mail	
Name of Equine Dentist		Phone Number		E-Mail	
Date of Last Deworming	Wormer Used	Date of Last Coggins <i>(please provide test report)</i>		Date of Last Shoeing	
Date of Last Tooth Floating					
VACCINATIONS					
TYPE		YES/NO		DATE (month/year)	
Eastern					
Western					
Potomac Horse Fever					
Rabies <i>(provide copy)</i>					
Strangles					
Rhinopneumonitus					
Tetanus					
Flu					
West Nile Virus					
Other					

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QUESTIONS		
1. Has your horse ever had any lameness problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain
2. Does your horse require any special shoeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain
3. Has your horse ever suffered from colic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain
4. Has your horse ever suffered from any other medical problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain
5. Does your horse receive any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain
6. Does your horse receive daily turn-out?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain
7. Is your horse with other horses	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?
8. Does your horse have pasture (grass) turn-out?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often and for how long?
9. What type of stall does your horse have?	<input type="checkbox"/> Straight <input type="checkbox"/> Box <input type="checkbox"/> Run-In Shed	
10. Has your horse ever been shown or had any special training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain
11. Will your horse stand comfortably on cross-ties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Will your horse allow his ears, bridle path, muzzle and legs to be trimmed with electric clippers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain
13. Will your horse allow his sheath to be cleaned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Does your horse have a problem loading onto a trailer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain
15. Do you experience any bridling or saddling problems with your horse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain
16. In your opinion, what type of rider can work comfortably with your horse?	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
17. Please explain why you are seeking to donate your horse.		
18. How did you hear about the State of Connecticut Governor's Horse Guards?		
19. Are you willing to provide medical records for this horse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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HORSE SUITABILITY QUESTIONNAIRE**



I, as the legal owner of the above referenced horse, have read and understand the content herein, and grant to the CTMD permission to conduct a trail evaluation of my horse. If at any time during the trial evaluation period for any reason, CTMD determines that the horse is not suitable, I understand the horse will be returned to me.

I authorize the CTMD to contact my veterinarian and farrier to discuss the health and soundness of my horse.

I understand that if the above referenced horse passes the evaluation period, CTMD may accept my offer to donate the horse in writing. If CTMD accepts the donation of the horse in writing, the horse becomes State property for which CTMD is accountable. If CTMD accepts (in writing) my offer to donate the horse, I relinquish all rights and privileges as owner of the horse. I acknowledge that when the horse is no longer suitable for CTMD purposes, CTMD will, as a courtesy and if feasible, offer to return ownership of the horse to me before exercising other options to retire the horse from military service.

Printed Name of Donating Party

Signature of Donating Party

Date

APPROVALS

The following have reviewed all the information contained within this form and find the horse suitable for on-site trial evaluation, not to exceed 90 days from receipt of the horse at the CTMD facility.

Printed Name of Unit Horse Officer

Signature of Unit Horse Officer

Date

Printed Name of CTMD Agricultural Worker

Signature of CTMD Agricultural Worker

Date

Printed Name of CTMD FAS/FAS Designee

Signature of CTMD FAS/FAS Designee

Date

Printed Name of Unit Commandant

Signature of Unit Commandant

Date

RECEIPT OF HORSE AT CTMD FACILITY

The above-named horse was received at the CTMD facility on the following date: _____.

Printed Name of CTMD Agent Receiving Horse

Signature of CTMD Agent Receiving Horse

Date

Printed Name of Person Releasing Horse to CTMD

Signature of Person Releasing Horse to CTMD

Date