Page	1	of 4	

	tructions: Please fill out this the than leaving the answer bl		uestion does not apply to you, please write	"N/A"
	•	31113		
1.	Client.	Middle name:	Last name	
			Last name:	
	City:	Stato:	Zip:	
	Mailing address (if different t	:han ahove):	ΖΙΡ	
	Home phone:	Cell phone:	Work phone:	
	Name of employer:	Cell priorie	ur job title:	
2.	Horse.			
	Horse's show (registered) na	ame:		
	Horse's barn name (nicknam	1e):		
		are 🛘 Gelding 🗘 Stallion		
	Horse's color and markings:			
	Horse's age:			
	Horse's current value: \$			
	Horse is insured? ☐ Yes ☐			
	If yes, horse is insured for (c			
			cal Colic surgery only Loss of use	
			Microchip #:	
		-	Country:	
	Horse's owner(s) (if other than	• ,		
		therwise acquire this horse?	") 0	
	For what purpose(s) did you	acquire this horse (i.e., trail riding, br	eeding)?	
3.	Training Goals for Horse. F	Please indicate the type of training you	u would like your horse to receive (check as	
	applicable):	,,	,	
	,	petition or discipline (please specify):	:	
	☐ Training to address a spec	cific issue (please specify):		
		1 7/		
	☐ Other (please specify):			
	\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
_				
4.	Horse's Training History.			
		ofessional training? Yes No	Don't know	
	If yes, please answer the foll			
	Street address:			
			Zip:	
	Website:		/-I-1-\	/ 1 .
	Website: Horse was in training from _		(date) to	(date



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Type of training horse received (i.e., starting under saddle, addressing specific issue): Can we contact this trainer about your horse? □ Yes □ No Why or why not? Were you satisfied with the results you received from this trainer? □ Yes □ No Why or why not? 5. Horse's Competition History. Is your horse currently competing or has your horse competed in the past? □ Yes □ No If yes, please describe the type, level and dates of competition, as well as the results: 6. Horse's Behavioral History. Has your horse ever exhibited any of the following behaviors? □ Yes □ No If yes, please check all that apply. Ground Manners: □ Aggressive behavior toward other horses □ Aggressive behavior toward people □ Bitling horses □ Cinchiness (sensitive about having girth or cinch tightened) □ Clipping issues □ Difficulty in haltering or bridling □ Ear-sty □ Farrier issues □ Head shy □ Kicking or striking people □ Kicking or striking other horses □ Leading issues □ Longeing issues □ Hearing □ Spooking □ Trailer loading, hauling or unloading issues □ Tying issues □ Veterinarian issues □ Other (please describe): Stall Behavior: □ Cribbing □ Stall walking □ Stall kicking □ Weaving □ Windsucking □ Other (please describe): □ Aggressive behavior toward other horses □ Barn sour (wants to go back to barn) □ Bolting □ Bucking □ Canter lead problems □ Can't ride alone □ Goes too fast □ Goes too slowly □ Head too high □ Head too low □ Jigging (won't walk quietly) □ Herd bound (doesn't want to leave other horse behind) □ Rearing □ Spooking □ Ignores rider's voice ald □ One-sidedness' □ performs better going one direction than another □ Other (please describe): □ Chrispical Condition. Has your horse ever had any of the following conditions? □ Yes □ No If Yes, please check as applicable: □ Allergies to (please describe): □ Chrispical Condition. Has your horse ever had any of the following conditions? □ Yes □ No If Yes, please check as applicable: □ Injuries (please describe): □ Chrispical Condition. □ Chrispical Gelease describe): □ Chrispi	Type of training horse received (i.e., starting under saddle, addressing specific issue): Can we contact this trainer about your horse? Yes No No Whry you satisfied with the results you received from this trainer? Yes No Why or why not? 5. Horse's Competition History, Is your horse currently competing or has your horse competed in the past? Yes No If yes, please describe the type, level and dates of competition, as well as the results: 6. Horse's Behavioral History, Has your horse ever exhibited any of the following behaviors? Yes No If yes, please check all that apply. Ground Manners: Aggressive behavior toward other horses Aggressive behavior toward people Bathing issues Bitting people Bitting horses Cinchiness (sensitive about having girth or cinch tightened) Clipping issues Difficulty in haltering or bridling Ear shy Farrier issues Head shy Tiking issues Bearing Spooking Trailer loading, hauling or unloading issues Unique firmarian issues Ciribping Stall walking Stall kicking Weaving Windsucking Other (please describe): Stall Behavior: Ciribbing Stall walking Stall kicking Weaving Windsucking Other (please describe): Under Saddle or in Harness: Aggressive behavior toward other horses Barn sour (wants to go back to barn) Bolting Bucking Canter lead problems Cant ride alone Goes too fast Goes too fast Goes too slowly Head too high Head too how Jigging (wonth walk quietly) Herd bound (doesn't want to leave other horse behind) Rearing Spooking Ignores rider's leg aid Tone-sidedness' - performs better going one direction than another Other (please describe): Allergies to (please describe): Performs better going one direction than another Performs better going one direction	ELS	ELS ELS
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Trainir	ng Client Intake Form Page 3
	Is your horse being treated for any conditions or receiving any medications or supplements? Yes No
	If yes, please specify:
	, you, product opens, y
	Le combanda a compatible de ado D Na. D Va a francis factoristo. D Va a all factorista
	Is your horse currently shod? No Yes, front feet only Yes, all four feet
	Does your horse require special shoeing of any kind? ☐ Yes ☐ No If yes, please specify:
	ii yes, piease specify
8.	Horse's Nutrition.
	What does your horse currently eat?
	Type and amount of hay or other forage:
	Type and amount of grain or other feed (e.g., pelleted sweet feed):
	Type and amount of supplements:
	· · · · · · · · · · · · · · · · · · ·
9.	Horse's Fitness.
٥.	What type of exercise has your horse received consistently during the last 30 days? (check as applicable)
	☐ Riding or conditioning (longeing, hot walker, round pen, treadmill) days per week
	☐ Turned out days per week
	☐ Other (please specify):
10.	Horse's Veterinarian. The primary care veterinarian for your horse is:
	Clinic name:Veterinarian name:
	Street address:
	City: State: Zip:
	Phone number: () Email:
	Website:
	Can we contact your vet to request a copy of your horse's vaccination records and to inquire about his physical condition? Check one: ☐ Yes ☐ No
11.	Horse's Farrier. The primary farrier for your horse is:
	Business name: Farrier name:
	Street address:
	City: State: Zip: Phone number: () Email:
	Website:
	Can we contact your farrier to inquire about your horse's farrier care needs? Check one: Yes No
40	
12.	Client's Horse History. How many years have you been riding regularly?
	How many years have you been riding regularly? How many years have you owned your own horse(s)?
	What breed(s) of horses do you currently own?
	What breed(s) of horses have you owned in the past?
	What styles and types of riding have you done in the past year? (e.g., dressage, western pleasure, hunter/jumper)
	What at doe of riding have you done in the next? (may then one year are)
	What styles of riding have you done in the past? (more than one year ago)
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	Training Client Intake Form Page 4 of 4	
	Have you ever received professional training or instruction? ☐ Yes ☐ No	
	If Yes, please answer the following questions (attach additional sheets as necessary):	
	Dates of training:	
	Name of trainer:	
	Name of facility:	
	Street address:	
	City: Zip: Zip:	
	Phone number: () Email:	
	Website:	
	May we contact your trainer? ☐ Yes ☐ No Type(s) of instruction you received (e.g., hunter/jumper, western pleasure):	
	Type(s) of instruction you received (e.g., hunter/jumper, western pleasure)	
	Were you satisfied with the results you received from the trainer? ☐ Yes ☐ No Why or why not?	
	Do you currently compete or have you competed in the past? ☐ Yes ☐ No	
	If yes, please describe the type, level and dates of competitions:	
	Do you gurrantly have any physical limitations? (a.g. back pain) 🗆 Vac. 🗖 No.	
	Do you currently have any physical limitations? (e.g., back pain) ☐ Yes ☐ No If yes, please specify):	
	n yes, piease speeny	
	Has your doctor approved your participation in horse-related activities? Yes No	
	13. Client's Horse Goals.	
	Please indicate the type of training you would like to receive:	
	☐ Training for a specific competition or discipline (please specify):	
	Training for a opening competition of discipling (product opening).	
	☐ Training to address specific issue(s) (please specify):	
	☐ Other (please specify):	
	14. Credit Check. We regret that we must perform credit checks on prospective clients before accepting their horses for	
	training. Do you consent to a credit check? Check one: ☐ Yes ☐ No	
	To perform a credit check, we will require the following information, which we will keep confidential:	
	Social Security Number: Date of birth (mo/day/yr):/	
	Please attach a copy of your driver's license to this form before returning it.	
	15. How You Heard about Us. How did you hear about us? Check as applicable:	
	☐ Personal referral. Whom can we thank?	
	□ Advertisement in/on:	
	☐ Other (please specify):	
	To the best of my knowledge, I certify that the above information is accurate and complete. I understand that if this	
	facility determines that I have provided materially false, misleading or incomplete information in this form, the facility	
	may terminate my training contract for cause.	
	Client	
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	Name (printed):	
	Title:	
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