

Training Client Intake Form

Instructions: Please fill out this form as completely as possible. If a question does not apply to you, please write "N/A" rather than leaving the answer blank.

1. Client.

First name: _____ Middle name: _____ Last name: _____
 Street address: _____
 City: _____ State: _____ Zip: _____
 Mailing address (if different than above): _____
 Home phone: _____ Cell phone: _____ Work phone: _____
 Name of employer: _____ Your job title: _____
 Work address: _____

2. Horse.

Horse's show (registered) name: _____
 Horse's barn name (nickname): _____
 Horse is a (check one): Mare Gelding Stallion
 Horse's color and markings: _____
 Breed, breed registry and reg. no: _____
 Tattoos, brands or other identifying marks: _____
 Horse's age: _____
 Horse's current value: \$ _____
 Horse is insured? Yes No
 If yes, horse is insured for (check as applicable):
 Mortality in the amount of \$ _____ Major medical Colic surgery only Loss of use
 Horse has an embedded microchip? Check one: Yes No Microchip #: _____
 Horse has a passport? Check one: Yes No Passport #: _____ Country: _____
 Horse's owner(s) (if other than you): _____
 When did you purchase or otherwise acquire this horse? _____
 For what purpose(s) did you acquire this horse (i.e., trail riding, breeding)? _____

3. Training Goals for Horse.

Please indicate the type of training you would like your horse to receive (check as applicable):

Training for a specific competition or discipline (please specify): _____

 Training to address a specific issue (please specify): _____

 Other (please specify): _____

4. Horse's Training History.

Has your horse ever had professional training? Yes No Don't know
 If yes, please answer the following questions:
 Name of professional trainer: _____
 Name of trainer's facility: _____
 Street address: _____
 City: _____ State: _____ Zip: _____
 Phone number: (_____) _____ Email: _____
 Website: _____
 Horse was in training from _____ (date) to _____ (date)



Type of training horse received (i.e., starting under saddle, addressing specific issue): _____
 Can we contact this trainer about your horse? Yes No
 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
- Bathing issues Biting people Biting horses
- Cinchiness (sensitive about having girth or cinch tightened) Clipping issues
- Difficulty in haltering or bridling Ear shy Farrier issues Head shy
- Kicking or striking people Kicking or striking other horses Leading issues
- Longeing issues Rearing 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): _____

Under Saddle or in Harness:

- 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 leg aid Ignores rider's rein aid Ignores rider's seat aid
- Ignores rider's voice aid "One-sidedness" – performs better going one direction than another
- Other (please describe): _____

7. Horse's Physical Condition.

Has your horse ever had any of the following conditions? Yes No
 If yes, please check as applicable:

- Allergies to (please specify): _____
- Recurring colic (please describe): _____
- Any surgical procedure other than castration (please describe): _____

- Significant illness (please describe): _____
- Injuries (please describe): _____
- Dental issues (please describe): _____
- Chiropractic issues (please describe): _____
- Saddle fit or biting issues (please describe): _____
- Other (please describe): _____



Is your horse being treated for any conditions or receiving any medications or supplements? Yes No

If yes, please specify: _____

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: _____

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.

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

12. Client's Horse History.

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 styles of riding have you done in the past? (more than one year ago) _____



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: _____ State: _____ Zip: _____

Phone number: (_____) _____ Email: _____

Website: _____

May we contact your trainer? Yes No

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 currently have any physical limitations? (e.g., back pain) Yes No

If yes, please specify: _____

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 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

Signature: _____

Name (printed): _____

Title: _____

Date: _____

