



Horse Booking Form

Horse's Name	Breed	Age	Sex	Height
Sire	Color & Markings	Arrive / / Depart / /		
Dam	Last Vaccination? / /	Last Dentistry? / /	Last Wormed? / /	
Diet:	Please ensure your horse is up to date with worming and dentistry before arrival. Please mark all gear clearly with horse's name.			
Blankets: <input type="checkbox"/> Summer <input type="checkbox"/> Winter <input type="checkbox"/> Other gear:				
Owner Details				
Owner's Name	Home Phone			
	Work Phone			
Address	Mobile			
	Fax			
	Email			
	Confidence level of rider: Low / Medium / High			
Foundation training				
Please also complete details below of any known behavioral problems				
Foal handling				
Starting / breaking-in				
Re- training				
Please summarize your horse's problems. For our safety you must be explicit.				
In-hand				
Leading				
Handling feet				
Loading				
Saddling / bridling				
Other				
Under- saddle				
Balking (won't go)				
Losing go (lazy)				
Bolting/running away				
Heavy on reins				
Rearing				
Spinning				
Bucking				
Shying				
Further Training				
Dressage				
Western Pleasure				
Reining				
Other				
I acknowledge that horse riding is a dangerous sport and I understand the National Equine Behavior Center accepts no liability for accident, injury or illness to horses, owners, riders, spectators or any other persons or property whatsoever whether caused by negligence or not. This form is completed truthfully and to the best of my knowledge.				
Signed:				Dated: