

Equine Behavior Questionnaire

PLEASE PRINT CLEARLY

Owner's Name: _____

Horse's Name: _____

Address of owner: _____

Stable Name and address, if different than owner address:

Email Address: _____

Breed of horse _____ Gender _____ Age _____ Height _____

Past History: Please give a brief description of what has been done with the horse

General Disposition and any Behavior traits I should be aware of: (Please specify if rears, bites, kicks, bucks, is spooky or high-headed, nervous, etc.) Describe the problem you are having with your horse:

Are you willing to ride your horse during the consultation? Yes ___ No ___

Is there any history of illness or injury? _____

Can your horse lead? Yes ___ No ___

Is your horse halter trained? Yes ___ No ___

Has your horse been worked in a round pen? Yes ___ No ___ Lounged? Yes ___ No ___

Have your horse's feet been trimmed? Yes ___ No ___ When was the last time? _____

Are you able to load your horse in a trailer? Yes ___ No ___

Has your horse ever had a saddle, saddle pad, or blanket on its back? Yes ___ No ___

Do you ride with or without a saddle? With ___ Without ___

Any additional information I should be aware of?
