



Double HH Ranch
PO Box 243
Whitt, TX 76490
940-325-6304

Training Questionnaire

1. Owner's Name

Name: _____
Home address1 : _____
Home phone: () _____ Cell or other phone: () _____
Employer: _____
Your job title: _____
Work address: _____
Work phone: () _____ Email : _____

2. Horse to be Trained.

Horses registered name: _____
Check one: Stallion Gelding Mare
Color and markings: _____ Year foaled: _____
Breed, breed registry and reg. no: _____
Tattoos, brands or other identifying marks: _____
Are you the sole owner of your horse? If not, please explain (e.g., purchased horse on installments, spouse is coowner):

When did you purchase or otherwise acquire this horse? _____
For what purpose did you acquire this horse? (e.g., trail mount for child) _____

3. Training Goals for Horse.

Please indicate the type of training you would like your horse to receive:
Starting under saddle
Training for a specific competition or discipline (please specify): _____

Training to address specific issue(s) (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 facility: _____
Address: _____
Phone number: () _____ Dates of training: from _____ to _____
Type of training horse received (e.g., breaking to ride, hunter/jumper, western pleasure): _____

Can we contact this trainer about your horse? Yes No

Were you satisfied with the results you received from this trainer? Yes No (and if not, why not?)

5. Horse's Competition History.

Does your horse currently compete? Yes No

If yes, please describe the type and level of competition (e.g., regional AQHA shows in Jr. Western Pleasure):

Has Horse competed in the past? If yes, please describe the type and level of competition: _____

6. Horse's Behavioral History.

Has your horse ever exhibited any of the following behaviors? (check as applicable)

Ground Manners:

Biting Kicking Striking Rearing

Head shy Ear shy Issues with bathing Issues with clipping

Spooking Issues with vet Issues with farrier Issues with longeing

Aggressive behavior toward people Aggressive behavior toward other horses Pulls back when tied

Cinchiness (sensitive about having girth or cinch tightened)

Other (please specify): _____

Stall Behavior:

Cribbing Windsucking Weaving Stall walking Stall kicking

Other (please specify): _____

Under Saddle:

Aggressive behavior toward other horses Rearing

Bucking Spooking Bolting

Horse goes too fast Horse goes too slowly

Horse carries head too high Horse carries head too low

Ignores rider's leg aid Ignores rider's rein aid Ignores rider's seat aid

"One-sidedness" - performs better going one direction than another lead problems

Other (please specify): _____

Hauling:

Trailer loading issues Issues while riding in trailer Issues unloading from trailer

Other (please specify): _____

7. Horse's Medical History.

Has your horse ever had any of the following conditions? (check as applicable)

Chiropractic Issues Dental Issues Colic Lameness Allergies

Other (please specify): _____

Is your horse being treated for any conditions or receiving any medications? (please specify) _____

Does your horse require special shoeing of any kind? (please specify) _____

8. Horse's Nutrition.

What does your horse currently eat?

Type and amount of hay or other forage (e.g., alfalfa cubes): _____

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?

Riding or conditioning (longeing, hot walker, round pen, treadmill):

Seven days/week Six days/week

Five days/week Four days/week

Three days/week Two days/week

One day/week Less than one day/week

Horse was turned out in pasture on a daily basis

Other (please specify): _____

10. Horse's Primary Veterinarian.

Name: _____

Address: _____

Phone number: () _____

May we contact your vet to request a copy of your horse's shot records and inquire about his physical condition?

Yes No

11. Horse's Farrier.

Name: _____

Address: _____

Phone number: () _____

May we contact your farrier to inquire about your horse's shoeing? Yes No

12. Rider's 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:

Name of professional trainers/instructors: _____

Type(s) of instruction you received (e.g., hunter/jumper, western pleasure): _____

Do you currently ride competitively? __Yes __No

If yes, please describe the type and level of competition (e.g., regional AQHA shows in Novice Amateur Division):

Have you ridden competitively in the past? __Yes __No

If yes, please describe the type and level of competition:

Do you currently have any physical limitations? (e.g., back pain) __Yes __No

If yes, please specify: _____

13. Rider's 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): _____