logo		Owner's Name				
Horse's Name	<u>}</u>					
Phone()	-	.Age	Height			

New Horse Screening

Do you own this horse? Yes		No		
If no, contact name & number o	f owner			
Are you willing to donate him/h	Yes No			
If no, asking price \$				
What have you used him/her for	? Trail	Competition	Speed Events	Other:
Has he/she had formal training?	Yes	No		
Have kids ever ridden him/her?	Yes	No		
How often has he/she been ridd	en in the last y	/ear?		
Why are you selling/donating th	is horse?			
Does he/she have any health proin the next couple of years? No		•		·
Does or has he/she had shoes?	No Yes, A	re they correctiv	/e?	
Does this horse have any bad ha	bits? Bite	Kick Crib	Weave Pull-	back Other?
Has he/she usually been stalled	or pastured?_			
Alone or with other horses?				
If I come to see him/her is there	a place where	I can ride?	Yes No	
Does this horse have these othe	r qualities?	Smooth Jog	Voice	Command
Easy Lope Off Neck Re	in			