

Scott Silveira Horses

CLIENT INFORMATION

Client name: _____

First

Last

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home phone number: _____

Office number: _____

Cell phone number: _____

Fax number: _____

List of people that are authorized to speak to myself; or an associate regarding
your horse, on your behalf:

Scott Silveira Horses

Horse Information

Horses name: _____

Breed: _____ Sex: _____ Age: _____

Color: _____ Markings: _____

The following questions are designed to keep the handler and the horse safe at all times. We would greatly appreciate your honesty while answering them. Please feel free to mention the slightest “problems” that you have observed.

Any physical limitations?: if yes please explain on following page(s)

Any prior training? If yes please explain on following page(s)

Any bad habits? If yes please explain on following page(s)

Is there anything about this horse that I need to know to keep myself and/or my assistant(s) out of harms way? If yes please explain on following page(s)

Does this horse have any “problem” areas? If yes please explain on following page(s)

What are your expectations for your horse while he/she is in training?

Scott Silveira Horses

Please use this space provided to explain any questions that you answered yes to.