**ASSESSMENT FORM AND SIGNATURE SHEET : HORSE**

**HORSE PROFILE**   
Here’s your first, but certainly not your last, opportunity to tell us all about your horse! Please be as detailed as possible.

Name:

Breed (if known): Age (if known):

Hands: Weight:

**HORSE HISTORY**Please provide all relevant information you have on your horse in as much detail as possible. This information will be instrumental in not only our initial assessment, but also in the horse mediation program.

Ownership:  
How long have you owned this horse?

Training:  
Please list any prior training or disciplines your horse has been involved in.

Behavior:  
Please list any known negative behavioral issues (eg: bucking, biting, rearing, crowding, etc.)

Trauma:  
Any past trauma (s) (eg: abuse, neglect, aggressive training methods, etc.)?

Medical:  
Any past or present medical issues or injuries?

**ASSESSMENT FORM AND SIGNATURE SHEET : CLIENT**

**CLIENT PROFILE**   
Tell us all about yourself – your goals, fears, past experiences, and anything you think may be helpful in our training together.

Name:

Age Range: (18 – 24) (25 – 35) (35 – 50) (51 – 65) (65+)

Experience:   
Describe your experience with horses and your horse. Please include riding discipline, if any (eg: western pleasure, hunter jumper, dressage, etc.)

Medical History:   
Describe any injuries sustained that affect your riding or interaction with your horse, whether physical or mental, according to your comfort. This information will be held private, but will help us to work with you through any issues with your horse.

Goals:   
Tell us your dreams! What do you plan to accomplish with this training? What changes would you like to see in you or your horse? Is there an activity you look forward to doing together?

I (CLIENT) verify that all the information provided above is true to the best of my knowledge.  
The following is the identifying and contact information for me, the client (CLIENT):

| CLIENT Legal Name: |  | CLIENT Signature: |  |
| --- | --- | --- | --- |
| CLIENT Address: |  | CLIENT Phone Number: |  |
|  |  | CLIENT Email: |  |
| Emergency Contact: |  | Emergency Phone: |  |
| Physician: |  | Physician Contact: |  |

The following is the identifying and contact information of Silverhand Ranch LLC:

| TRAINER Name: | Antique Mascara | TRAINER Signature: |  |
| --- | --- | --- | --- |
| BUSINESS Address: | 35 Keystone Park | TRAINER Phone Number: | 845-283-3663 |
|  | Middletown, NY 10940 | TRAINER Email: | silverhandranch@gmail.com |
| Emergency Contact: | Alysabeth Anderson | Emergency Phone | 845-901-1251 |
| Physician: |  | Physician Contact: |  |