

DAYBERRY EVENTING, LLC

New Rider Questionnaire

Basic Info

| 1. | Describe your previous experiences with horses? |
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| 2. | Which discipline do you currently ride and/or which discipline are you wanting to learn? |
| 3. | Do you have any previous injuries, physical conditions, or mental conditions I should be aware of? |
| 4. | Do you currently take any prescription medication I should be aware of? |
| 5. | Where are you located (if seeking mobile lessons)? |
| | |

Routine/ History

| 1. | What is your current or past involvement with horses? |
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| 2. | Do you currently or have you taken lessons in the past? Please describe the nature of your previous lessons (discipline, frequency, etc). |
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| 3. | How often do you ride? |
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| 4. | What are you currently working on in your riding? |
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| 5. | What do you consider to be the most challenging aspect of riding or horsemanship? |
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| 6. | Do you have any fears related to horses or traumatic past experiences I should be aware of? |
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| 7. | What is your favorite thing to do while riding (trail rides, jumping, etc.)? |
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Goals

| 1. | What aspects of horsemanship are important to you? |
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| 2. | What are your short term goals (3-12 months) in your riding? |
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| 3. | What are your long term goals (2-5 years) in your riding? |
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| 4. | What are you hoping to get out of lessons? |
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Scheduling

| 1. | What is your availability like? (select one) ☐ Mornings |
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| | Afternoons |
| | ☐ Evenings |
| | ☐ Anytime on certain days (specify) |
| | ☐ Anytime on any day |
| | • Which day of the week? |
| 2. | What frequency of riding lessons do you want? (circle one) 1. Weekly 2. 2 time weekly 3. 3 times weekly 4. Biweekly (Note: biweekly is not always available and does not receive priority scheduling) |
| Rider | Info |
| 1. | Name and Age |
| 2. | Preferred Contact |
| 3. | Additional Comments |
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