



DAYBERRY EVENTING
& TRAINING

DAYBERRY EVENTING, LLC

New Horse Questionnaire

Basic Info

1. What is your horse's age, sex, breed, and name?

2. Training on the ground: does your horse have basic groundwork? (Ex: able to be haltered, tied, handled, tacked, etc.)

3. What is your horse's current level of training under saddle? (Ex: unstarted, lightly started, preparing for competition, current competition level, etc.)

4. Which discipline is your horse currently trained in or which discipline are you seeking training in?

5. Does this horse have any previous injuries or soundness concerns I should be aware of?

6. Where is the horse located?

History/Health

1. How long have you owned this horse?

2. From whom did you get this horse?

3. What do you know about the horse's history before they came to you?

4. Do you know of any pre-existing problems or traumatic events in this horse's life?

5. Please describe the training this horse has had in the past (if any).

Behavioral/Safety

1. Please describe your horse's general attitude towards people and work.

2. Does your horse have any vices or behavioral problems (both on the ground and under saddle)? If yes, please elaborate.

3. How often does the problem occur?

4. When did the problem begin?

5. What measures have you taken to manage the problem?

Routine

1. Describe your horse's living conditions. Are they in turnout or stalled? Do they eat grain? How much access do they have to hay? Are they on any supplements or medications?

2. Has your horse experienced any recent life changes? (Ex: changing locations, being introduced to new horses, change in feed or feeding schedule)

3. How often do you work with your horse and what does it consist of?

4. Is your horse up to date on dental care, farrier visits and routine vet work?

Goals/Schedule

1. What are your short term goals (3-12 months) with this horse?

2. What are your long term goals (2-5 years) with this horse?

3. What are you hoping to get out of training?

4. What time frame do you want your horse(s) in training? (circle one)

1. Short term (specify)
2. Seasonal
3. Long term/indefinite

5. What is your availability like? (select one)

- Mornings
 - Afternoons
 - Evenings
 - Anytime on certain days (specify)
 - Anytime on any day
 - Which day of the week?
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6. What frequency of training sessions 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)

Owner Info

1. Name

2. Preferred Contact

3. Additional Comments
