



Shelby Friml
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 email: doubledequine@yahoo.com
www.doublediamondequine.com



Date of appointment: _____ Referred by: _____

Customer name: _____

Address: _____

Phone: () _____ cell () _____

Email: _____ Riders weight _____ height _____

male/female inseam: _____ (standing up straight, boots on, floor to crotch)

Name of equine: _____ age _____ breed _____

I understand that riding has it's inherent risks and I do not hold Shelby Friml or Double Diamond Equine or the land owner of the location responsible or liable for any such accidents or results of accidents incurred during the saddle fitting appointment or riding of either my own tack or the riders tack in any way what so ever:

(signed) _____

Printed name: _____

Date of signature: _____

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What symptoms or behaviors does your horse exhibit that appear to indicate it is unhappy, or in pain?

What symptoms or problems are YOU having as the rider on this saddle/ horse combination? _____

Are you interested in fitting an existing saddle, or fitting to build a new saddle (please circle one)

If interested in a new saddle, what discipline do you ride or style of saddle? _____

What saddle pad do you plan on using?

_____ Thickness _____

_____ Thickness _____

Health History of animal including hooves, lameness, back/neck issues, teeth etc:

Recent or previous vet or other care:

Are you a beginner rider, experienced rider, professional rider, trainer?

What discipline do you ride? English, western, Western Dressage, reining, roping, jumping, eventing, dressage, endurance or competitive. trail, barrels, trail, pleasure, polo, ride/carriage drive this horse (circle what applies)

What terrain do you typically ride on? Mountains, flat sand, both, arena

Do you ride with a trainer? _____ Are you the only rider of this equine? _____

* Riders please fill out the form above and bring it with you to your appointment. Please remit saddle fitting fees (see below) prior to your appointment to the address : Double Diamond Equine 204 J Burns Road, Vass NC 28394, or Pay Pal to our email address found above. Any mileage, shims, etc. will be collected at the appointment. Please have cash or a check, credit not accepted.

Palpation: _____

Notes on conformation:

Notes on legs: _____

Asymmetry notes: _____

Notes on foot fall: walk _____

Trot/gait _____

Canter _____

Stand _____

Head height/position: _____

Stop: _____ Flex: _____

Hoof Trim/shape/balance: _____

Way of travel ridden: _____

Saddle fitting fees: 1st appointment on location DD Vass, NC: \$95.00 (takes about an hour and a half)

Follow up recheck \$55.00 (takes about 45 minutes)

Appointments off site: DMV mileage per mile both directions in addition to the fitting fee \$95.00 Fitting

for a new built saddle: \$55.00

Fitting / reshiming Specialized Saddles \$65.00

Total due fitting \$ _____

Total due mileage: miles _____ x 2 = _____ DMV per mile charge: \$ _____

Total fitting charges: \$ _____

Saddle pad \$ _____ What pad: _____

Shims: \$ _____ Shim notes: _____

(The chosen saddle pad and shims may need to be ordered in which case you will be invoiced, the order paid for, and you will receive your products directly to your location.)

Total due at appointment: \$ _____

Payment: \$ _____

Return appointment: ____/____/____ Time: _____