

# Class Act Horse Transport

248-420-2615 (c) \* classacthorsetransport@yahoo.com

## CLIENT QUESTIONNAIRE

Owner's Name: \_\_\_\_\_ Agent/Trainer Name: \_\_\_\_\_  
Phone Number: (cell) \_\_\_\_\_ Phone Number: (cell) \_\_\_\_\_  
Phone Number: (home) \_\_\_\_\_ Phone Number: (home) \_\_\_\_\_

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Pick Up Address: \_\_\_\_\_ Delivery Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Contact Name at Pick Up: \_\_\_\_\_ Contact Name at Delivery: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: (c) \_\_\_\_\_ Phone Number: (c) \_\_\_\_\_  
Phone Number: (h) \_\_\_\_\_ Phone Number: (h) \_\_\_\_\_  
Gate Code: \_\_\_\_\_ Gate Code: \_\_\_\_\_

**Is your horse valued over \$2,500? Yes ( ) No ( )**

\*If so, we recommend you purchase additional transportation insurance for your horse(s)...

Special Notes / Equipment: \_\_\_\_\_ Special Notes / Equipment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Horse Information:

Horse Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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