

# *Client Questionnaire*

*To ensure we provide the best possible care for your horse, please complete the following questionnaire with as much detail as possible. Please return this completed form along with proof of vaccination status & worming before your move-in date.*

## **Owner Details:**

*Full Name:*

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*Contact Number:*

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*Email Address:*

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*Home Address:*

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## **Emergency Contact:**

*Name:*

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*Contact Number:*

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*Relationship To You*

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### Horse Details:

*Horse's Name:*

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*Stable Name (for yard sign):*

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*Age:* ----- *Breed:*-----

*Colour & Markings:*

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Mare / Gelding (please circle)

*Passport Number :*

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### Daily Care:

*Turnout Preference (please tick):*

☐ *Individual* ☐ *Paired* ☐ *Herd* ☐ *No preference*

### Stable Routine:

Does your horse require any special stable management?

☐ Yes ☐ No (If yes, please specify):

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*Preferred Turnout Time:* \_\_\_\_\_

*Preferred Bring-in Time:* \_\_\_\_\_

*Rug Change Requirements:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Feed Requirements:**

*Feed Type & Amount (AM & PM):*

*AM:*

\_\_\_\_\_  
\_\_\_\_\_

*PM:*

\_\_\_\_\_  
\_\_\_\_\_

Any Supplements? ☐ Yes ☐ No

(If yes, please list):

\_\_\_\_\_  
\_\_\_\_\_

Hay Requirements:

☐ Ad lib ☐ Specific weight: \_\_\_\_\_kg

## Health & Veterinary Information:

*Veterinary Practice Name:*

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*Vet Contact Number:*-----

*Dentist Name:*

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*Last Dental Check:*\_\_/\_\_/\_\_

*Farrier Name:* -----

*Last Trim/Shoe Date:* \_\_/\_\_/\_\_

*Vaccination Status (Flu & Tetanus):*

☐ *Up to date* ☐ *Not up to date*

*Strangles Test Completed?*

☐ *Yes* ☐ *No*

*Worm Count Completed?*

☐ *Yes* ☐ *No*

*Insurance Provider (if applicable):*

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## Behaviour & Handling:

*Any vices or behavioural quirks? (e.g. biting, kicking, cribbing, separation anxiety)*

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*Does your horse have any handling preferences?*

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*Any known soundness issues or previous injuries?*

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*Additional Notes:*

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*Name:* \_\_\_\_\_ *Date:* \_\_/\_\_/\_\_

*Signature:* \_\_\_\_\_