



Client Last Name: _____

Student Name(s) and Date of Birth

Billing Name and Address

Email Address _____

Phone – Home: _____

Phone – Cell: _____

Phone – Office: _____

Medical Information

Is the student allergic to any medications? _____

If yes, please list the medications: _____

Insurance Company: _____

Policy Holder: _____ Policy Number: _____

Emergency Contact Information

Person to be contacted: _____

Phone – Home: _____

Phone – Cell: _____

Phone – Office: _____

General Information

Describe the student's experiences with horses: _____

Student's riding level? Beginner _____ Intermediate _____ Advanced _____

Signature of student or legal guardian's signature if student is under 18 years of age.