

## CLINIC INFORMATION FORM

*This form is to assist Ms. Fairbanks in providing a meaningful experience for the clinic participant. **Please complete and turn in with your clinic entry.***

### Driver information:

Name: \_\_\_\_\_

Driving and/or Riding experience: \_\_\_\_\_

\_\_\_\_\_

Describe your weekly habits with your horse, e.g. how often do you drive, where do you drive and what do you do when you drive, etc:

\_\_\_\_\_

Describe your temperament, e.g. bold, careful, nervous, fearless, terrified, etc.

\_\_\_\_\_

What are your driving goals and what would you like to accomplish at this clinic?

\_\_\_\_\_

### Horse information:

Name(s): \_\_\_\_\_

Experience of horse(s): \_\_\_\_\_

\_\_\_\_\_

Describe your horse's temperament (e.g. willing, flighty, nervous, bold, etc.)

\_\_\_\_\_