

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.)

