

NEW CLIENT BOOKING FORM



PERSONAL INFORMATION

Rider Name:

DOB: ___/___/___

Parent name (if rider under 18yo):

Contact number:

Address:

Postcode:

e-mail:

Are you happy for us to share photos/videos on social media: Y / N

Any medical conditions:

Allergies:

RIDING EXPERIENCE

Have you ever ridden a horse: Y / N

If yes, how many times have you ridden a horse:

Have you ever had lessons: Y / N

If yes, how many lessons have you had:

Are you able to sit and rise to the trot: Y / N

Are you confident to canter: Y / N

Have you done any jumping: Y / N

If yes, how many times have you jumped:

Would you class rider as a Beginner, Intermediate or Experienced rider?

LESSON SPECIFICS

What are your riding goals:

Are you interested in lessons on a school horse or your own horse:

Are you interested in:	Private lessons	Y / N
	Shared lessons	Y / N
	Group lessons	Y / N
	Kids Club (with theory)	Y / N

What is your preferred day/time (list all relevant):

OWN HORSE DETAILS

Name:

Breed:

Age:

Gender:

Height:

Colour:

Property it came from:

Brief description of horses ridden history

(what had they done with previous owner and what have you done together?):

Are you a member of any riding clubs, e.g. HRCav, PCAV, EA, etc:

In the event that it is deemed necessary by the Victorian Equestrian Centre for an ambulance to be called, I agree to cover all associated costs: Y / N

Rider signature:

DATE:

Guardian signature (if rider is under 18):

DATE: