



Client Information Sheet

Date _____
Name: (Last) _____ (First) _____ (_____)
Mailing address _____ City _____
State _____ Zip _____ DOB _____ Age _____
Phone (Home) _____ (Cell) _____ Email _____

Emergency Contact(s)

Name _____ Relationship _____

Phone Numbers _____

Name _____ Relationship _____

Phone Numbers _____

Medical Information

Allergies _____

Disabilities/ Illness _____

Current Medication _____

Please list any other information that would assist us in working with the client _____

*There is a 250 lb weight limit for mounted riders.