

Access Adventure Driving Program Program Driving Horse Checklist:

Horse's Name _____
DOB _____ Height _____ Weight _____ Breed _____
Owner _____
Address _____
Phone H() _____ W() _____ C() _____
Insured: Y N Insurer _____ Policy # _____
Vet _____ Phone () _____
Vac _____ Date _____ Worm _____ Date _____
Farrier _____ Phone () _____
Feed _____

BACKGROUND:

Incidents of Accident, Injury or Aggression _____

Training History _____

Driving History _____

Special Conditions (Competition, traffic, parades, therapeutic programs, etc.) _____

EVALUATION:

Attitude/Demeanor _____

Stands Quietly in Harness _____

Stops Readily by Voice and Rein _____

Ground Manners _____

Herd Manners _____

Quirks/Vices _____

Walk _____ Trot _____ Transitions _____

Soundness _____

Comments _____

Date _____ Staff Signature _____