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New Client Survey

Horse:		Breed:	Age/Gender:
Owner	:	Phone:	Email:
1.	What prompted you to consid	er bodywork for your horse?	
2.	What do you do with your hor	se? How often?	
3.	What are your short term goa	Is with your horse? Any long	term goals?
4.	Does your horse have any cu	rrent or old injuries? Do they	affect performance?
5.	Has your horse been diagnos medication?	ed with any medical conditior	ns? If yes, are they on any
6.	Is your horse up to date on de	ental work and hoofcare?	
7.	Do you notice if your horse is	sore after a trim/shoeing?	
8.	Are you experiencing saddle	fitting trouble?	
9.	Is your horse sore after work?	If yes, explain	
10.	Does your horse have a prefe	erred direction of travel (left or	right)?

11. Does your horse pick up one lead better than the other?
12. Does your horse have any difficulty in any gait (walk, trot, or canter)?
13. How well does your horse extend in any gait? Difficult in one vs. another? Or is one direction better than the other?
14. How well does your horse handle stressful situations?
15. Does your horse exhibit any form of stress-induced behavior? (Pawing, cribbing, excessive hollering, etc.)
16. What would you like to see change for your horse?
17. Any other important details you would like to share?