

Student Riding Questionnaire

Student Name _____

Please Circle or Write in the Res	ponses that apply	to you or your child.	
I. I am LEFT HANDED OR RIC	GHT HANDED		
2. I have been around horses before. YE	S NO		
3. I own a horse YE	S NO		
4. I have ridden horses before. YE	S NO		
If yes, where, how many times, and v	vhat style. Please li	st any accidents or comp	peti
that you have been in on the back of	his page.		
Where/Location	# of Times	What Style(s) Circle	the
Dude Ranch: name(s)		English Western Other:	
Summer Camp: name(s)		English Western Other:	
Trail Riding or riding with friends		English Western Other:	
Pony Rides		Not Applicable	
Riding Lessons: who were your instructors	?	English Western Other:	
Other: Please List:		English Western	
		Other:	