



Horse Questionnaire

Rider Name: _____

Horse Name: _____

***Please answer the following questions and bring the completed form
with you to your Regional Training Session.***

1. What grain products does your horse eat?
 - a. Brand _____
 - b. How much _____
 - c. How often _____

2. What type of hay does your horse eat?
 - a. How much _____
 - b. How often _____

3. What types of supplements, if any, does your horse get?
 - a. If so, what _____
 - b. How often _____
 - c. How are they administered _____

4. Does your horse have any allergies or sensitivities (please list)?

5. Does your horse have any special stabling requirements (please list)?

6. Does your horse get medication?
 - a. If so, what _____
 - b. How often _____
 - c. How is it administered _____

7. Does your horse require any special therapeutic treatments?
 - a. If so, what _____
 - b. How often _____

Please bring any required treatment equipment to the Regional Training Session.

Please turn in questionnaire to the EAP Stable Manager on-site.