

Demonstration Horses

Please email this form to info@ihhq.net or if this isn't possible post to Lethornes, Lambourn, Berkshire RG17 8QP

If we can use your horse we will be back in touch at least 5 days before the demonstration.

Due to the large number of forms we receive, we will not be able to contact you if your horse cannot be used but do go to www.intelligenthorsemanship.co.uk to find and get help from an IH recommended trainer in your area.

Venue:	Demo date:		
Contact Details	Is this the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Person's Name:	E-mail:		
Address:	Telephone no. (Day):		
	Telephone no. (Eve):		
	Mobile:		
Person to contact in case of emergency (Name and telephone number)			
Address of where horse is kept:			
Distance from horses home to venue (time and distance)			
Time (hr/mins) :	Distance (miles):		
Horses details:	Height:	Breed:	
Name:	Age:	Colour:	
	Sex:	(Please note : ridden problems usually over 14hh)	
How long has the owner had the horse?			
Section of demo horse is being put forward for, please tick relevant box.			
First ridden <input type="checkbox"/>	Loading problem <input type="checkbox"/>	Ridden problem <input type="checkbox"/>	Handling problem <input type="checkbox"/>
FOR ALL – PLEASE COMPLETE			
Are your horses Flu and Tetanus vaccinations up to date? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, are you willing to have the vaccination done if it is a pre-requisite of the venue?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have the horses BACK/TEETH and any MEDICAL Problems been checked?			
If yes, for bucking/rearing problems, what type of specialist has checked back (& name if possible)			
I have contacted my vet and obtained consent for physiotherapy assessment for my horse			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name and contact details of your horses Veterinary Practise and vets name (Please include contact telephone number):			

Date last seen by Vet

Name and contact details of your horses Farrier:

Date last see by Farrier:

Name and contact details of your horses Dentist:

Date last seen by Dentist:

Name and contact details of your horses Physio/Chriopractor/Other body worker:

Date last seen by Physio/Chriopractor/bodyworker:

Your horses Saddlers name and contact details (if ridden):

Date last seen by Saddler.

Please advise on the vehicle/transport that will be used to travel the horse to/from the venue:

If no to any of this section Owners are advised that physical checks should be done prior to demonstration. Please ensure that you have provided your Vets name and contact details.

FOR FIRST RIDER HORSES

Has the horse ever worn: A rug? Yes No A saddle? Yes No

Has the horse ever had someone on it's back? Yes No

FOR BEHAVIOUR PROBLEMS

Please describe the behaviour i.e. what does the horse do, what has been tried to solve the problem?

(please continue overleaf, if necessary)

IF LOADING PROBLEM

How will the owner get the horse to the venue?

(Please be assured that we will assist with loading all selected horses for their return journey home)

AND FINALLY!

Where did you hear about the demo tour?

If your horse is selected, what would you hope/want the demo to achieve?

