

Equine Behaviour Consultation Form

Your name.....

Address.....

.....Postcode.....

Telephone no. (Mobile).....(Home).....

Email.....

Name of horse/ pony.....Height.....

Age (years/months).....Colour/ markings.....

Breed/Type..... Stallion/ colt Gelding Mare

Where does your horse/ pony live?

.....

Veterinary practice responsible for your horse/ pony.....

Date of last vet check.....

Details.....

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Details of recent checks of tack/ back/ teeth etc

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Where did you get your horse/pony?.....

When?

Were there specific reasons for getting this particular horse/ pony? If yes, please list:

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What is the main problem you would like to improve?

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Please list anyone else who has contact with your horse/ pony (inc. ages of children)

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Please briefly outline the daily diet of your horse/ pony (type of feed, how often etc)

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Please briefly describe the turnout routine (where/ how many other horses/ ponies etc):

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Please describe the exercise your horse/ pony receives (other than turnout)

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Please describe, in as much detail as possible, the issues you are having with your horse/ pony. It would be useful to include:

- when the problems began
- what behaviours are displayed
- when the behaviour is displayed (i.e. what are the triggers?)
- what you have done to try to stop them from happening, and whether this had any effect on their behaviour
- any other information you feel will be helpful

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What are your aims for your horse/ pony, yourself and for the future?

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If you are doing practical training, are you happy for you and your horse to be occasionally filmed/ photographed to promote reward-based training on Sarah Crockford's social media, website, and for use in articles and other written material?

YES / NO (please circle)

Signed..... Date.....

Sarah Crockford 07805 855069
reflectionsanimaltraining@gmail.com