

## Horse Assessment Form



Horse Name:	
Owners Name:	
Age:	Sex:
Vaccinations Dates:	
Flu:	Tetanus:
Vet Name & Phone No:	
Farrier Name & Phone No:	
Is Your Horse Fit & Healthy To Take Part in Horseback Archery Activities? Please detail any health conditions to be taken into consideration.	
History of use:	

Horse's Archery Experience:	
Complete Beginner (never done HBA before)	Safe to Shoot at Canter
Safe to Shoot at Walk	Safe over a Jump
Safe to Shoot at Trot	Safe on a curved track (please state which pace)

Signed:		Print Name:	
Date:			