

# HAHS Rideable Horse Questionnaire

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Occupation: \_\_\_\_\_

- Full Time
- Part Time
- Retired
- Unemployed

1. What type of **riding horse** are you looking for?
  - Green-broke (1 to 10 lifetime rides under-saddle)
  - Green (11 to 300 lifetime hours ridden)
  - Experienced (301 to 1,100 lifetime hours ridden)
  - Very Experienced (1,100 or more lifetime hours ridden)
  
2. Your lifetime **riding experience** in total hours, approximately:
  - 0
  - 1 to 50 hours
  - 51-1,000 hours
  - 1,001 to 3,000 hours
  - 3,001 – 9,999 hours
  - 10,000 plus hours

3. What is the date of your last ride on a horse? \_\_\_\_\_

4. What are your long term goals for your new riding horse?

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5. What are you short term plans, within first 30 days, for your new riding horse?

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6. What are your plans for the horse if you determine after training the horse will never meet your long term goals?

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7. Who, besides yourself, will be riding your new horse? Please list their name, age, and approximate number of hours of riding experience.

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8. Do you plan to continue your new horse's training yourself or with the help of a professional? If professional, please list their name and contact number?

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9. How many lessons per year do you plan on taking with your new horse?

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10. Please give a brief resume of your Horsemanship education:

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## Questionnaire

11. Which riding Professionals have you studied with, taken clinics or lessons from?

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12. Do you have goals of becoming an Equine Competitor or continuing your existing competition career?

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13. Have you ever worked professionally in the horse industry?

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14. What is your Horsemanship Education Level?

- Never taken a lesson  A few lessons  Weekly lessons  Monthly Lessons  
 Daily Lessons  Watched Clinicians on TV  Clinics (with other trainers)

15. What is your confidence level? \_\_\_\_\_ (1=Very Low ----- 10 = Very High)

16. What is your experience level?

- Beginner  Novice  Advanced  Highly Competitive  Professional  
 Recreational

17. How many hours do you play on the ground with your horses: \_\_\_\_\_

(select one:  per day  per week  per month)

18. How many hours do you ride: \_\_\_\_\_

(select one:  per day  per week  per month)

19. Type of Riding:  English  Western  Both

20. How often do you ride in the arena versus Outside? \_\_\_\_\_% Arena \_\_\_\_\_% Outside

21. How much time do you spend on the Ground versus Riding? \_\_\_\_\_% Ground \_\_\_\_\_%Riding

22. How many horses do you own now? \_\_\_\_\_

23. How many horses have you ever owned? \_\_\_\_\_

# HAHS Rideable Horse Questionnaire

24. Have you ever shown horses? \_\_\_ Yes \_\_\_ No

a. If so, in what discipline and at what level? \_\_\_\_\_

\_\_\_\_\_

b. How often do you compete? \_\_\_\_\_

25. What are your main interests?

<b><i>Check all that apply</i></b>				
<input type="checkbox"/> Eventing	<input type="checkbox"/> Reining	<input type="checkbox"/> Cowboy Dressage	<input type="checkbox"/> Leisure Trail Riding	<input type="checkbox"/> Gaited Horses
<input type="checkbox"/> Hunter/Jumpers	<input type="checkbox"/> Cutting	<input type="checkbox"/> Western Dressage	<input type="checkbox"/> Gymkhana	<input type="checkbox"/> Competitive Trail
<input type="checkbox"/> Dressage	<input type="checkbox"/> Reined Cow Horse	<input type="checkbox"/> Drill Team	<input type="checkbox"/> Driving	<input type="checkbox"/> Mounted Shooting
<input type="checkbox"/> Fox Hunting	<input type="checkbox"/> Barrel Racing	<input type="checkbox"/> Halter	<input type="checkbox"/> Mountain Trail	<input type="checkbox"/> Polo Crosse
<input type="checkbox"/> Equitation	<input type="checkbox"/> Western Pleasure	<input type="checkbox"/> Polo	<input type="checkbox"/> Pole Bending	<input type="checkbox"/> Speed Events
<input type="checkbox"/> Saddle Seat	<input type="checkbox"/> Ranch Sorting	<input type="checkbox"/> Roping	<input type="checkbox"/> Trail Classes	<input type="checkbox"/> Organized Group Trail Rides
<input type="checkbox"/> Pony Club	<input type="checkbox"/> Ranch Versatility	<input type="checkbox"/> Team Roping	<input type="checkbox"/> Working Equitation	<input type="checkbox"/> Tie Down Roping
<input type="checkbox"/> Hunter Trials	<input type="checkbox"/> Racing	<input type="checkbox"/> Team Sorting	<input type="checkbox"/> Mounted Archery	<input type="checkbox"/> Other

26. How would you describe your athletic abilities:

\_\_\_\_\_

27. Do you have any health issues and/or injuries we need to know about? (please list)

\_\_\_\_\_

28. Have you had any surgeries that are relevant to horsemanship? (please list)

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# HAHS Rideable Horse

## Questionnaire

### Video Application

Show us what you know. Please submit a short recent video showing the following skills. The video should be taken within **30 days** prior to submitting application. Please either upload the video to youtube and email the link to [adopt@hahs.org](mailto:adopt@hahs.org) or email the video directly to [adopt@hahs.org](mailto:adopt@hahs.org) .

#### **HORSEMANSHIP VIDEO**

Please show the following tasks.

- On the ground:
  - Haltering
  - Leading
  - Grooming
  - Picking up all four feet
  - Warm-up/ground work/lunging etc. *(not required if you don't usually do this)*
  - Saddling and bridling
  
- Riding: Please show the following skills if you are able. Okay to leave out tasks you are not doing currently. **Canter not required.**
  - Mount (from ground or mounting block)
  - Walk, trot, canter *(not required)*, stop and backup.
  - Dismount

#### **BONUS FOOTAGE (not required)**

##### **Max. 10 minutes:**

Of the past or the present, horsemanship or else.

#### **WHAT WE ARE LOOKING FOR**

A snapshot of your current riding ability and horse handling skills to help us match you with the best horse possible.