



Student History Form
Zach Lahring
Parelli Natural Horsemanship
Pure Horsemanship

616-402-6348
12860 Mission Dr.
Grand Haven, MI 49417
- or -
9000 Crowne Springs Circle
Apt. 200
Louisville, KY 40241
www.purehorsemanship.com

STUDENT

NAME: HOME PHONE:
ADDR.: CELL PHONE:
EMPLOYER: WORK PHONE:
JOB TITLE:

STUDENT'S GOALS

Please indicate the type of instruction you would like to receive:
(Training for a specific competition or discipline?):

Training to address specific issue(s) (please specify):

STUDENT'S HORSE

Check one:

Name of horse: Stallion Gelding Mare

Horsenality (if known): Left-Brain Extrovert Right-Brain Extrovert
 Left-Brain Introvert Right-Brain Introvert

Color and Markings

Year Foaled

Tattoos, brands or other identifying marks

Breed

Breed Register

When did you purchase or otherwise acquire this horse?

For what purpose did you acquire this horse?
(e.g., trail mount for child)

RIDING EXPERIENCE

How many years have you been riding regularly? How many years have you owned your own horse(s)?

What breed(s) of horses do you currently own?

What breed(s) of horses have you owned in the past?

What styles and types of riding have you done in the past year? (e.g., dressage, western pleasure, hunter / jumper).

What styles of riding have you done in the past? (more than one year ago)

Do you currently ride competitively? YES NO

If Yes, please describe the type and level of competition. (e.g., regional AQHA shows in Novice Amateur Division).

Have you ridden competitively in the past? YES NO

If Yes, please describe the type and level of competition.

Have you ever received professional training or instruction? YES NO

If Yes, please give the name of professional trainers / instructor.

Name of facility(ies):

Location(s) (city / state / country):

Dates of training:

Type(s) of instruction you received (e.g., breaking to ride, hunter / jumper, western pleasure):

Were you satisfied with the results you received from the trainer(s): YES NO

If No, why were you not satisfied?

Do you currently have any physical limitations? YES NO

If Yes, please describe the type of physical limitations.

Do you have fear issues? YES NO

If Yes, do you have a specific reason for your fear?