



Licensed – Bonded – Insured

Devan Jackson

*Wagon Rides *Trail Rides *Pack Trips *Fishing *Hunting *Photography

CLIENT INFORMATION SHEET

RIDING ABILITY

NAME	AGE	HT.	WT.	Ability or amt. of time spent on horse
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Do you have any special needs? _____ If you do, what are they?

Do you have any medical conditions that we need to know about? _____ If you do, what are they?

Are you on any medications that we need to know about?

In Case of an emergency, who should we contact?
