



Hackney's Hope

Hackney's Hope Riding Program
~Life has its spirit and majestic moments~

Rider/Driving/Horse Care/Ground Questionnaire

It is helpful for the staff at Hackney's Hope to know of your interests and availability prior to scheduling and developing a program for you. Please complete the following questions.

Name: _____ Date: _____

What interests you in our program here at Hackney's Hope Riding Program?

Level of riding experience (Please circle)

Beginner Intermediate Advanced Showing

Number of years riding _____

What are your goals for the program sessions (i.e., riding skills, driving skills, grooming etc). Please be explicit.

Any special consideration? (i.e., health, medications, etc)

What is your available schedule for riding/treatment? Please includes days and times.

Describe any previous horseback riding experience/or any previous driving experience.

What other activities are of interest to you other than riding?

How did you hear about our program?
