

The Triple D Ranch Presents

The Academy of Natural Horsemanship

Horse Supplemental

Last Name: _____ First Name: _____ (Owner)

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Alternative Phone: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Name of Horse: _____ Age: _____

Breed: _____

Horses background (Sensitivity, Bad Habits, Problem, Attitude, etc.)

****Reminder, must have by first day of class:****

- Proof of current vaccinations**
- Proof of current worming**
- Health certificate**