

SADDLE FITTING ENQUIRY/APPOINTMENT FORM

DATE OF CONTACT _____ EMAIL _____ PHONE _____

PREFERRED CALL OUT DAY/DATE/TIME

DAY.

DATE.

TIME.

NAME _____

BARN _____

ADDRESS _____

ADDRESS _____

PHONE 1 _____

HORSE DETAILS

PHONE 2 _____

SEX _____ NAME _____

E-MAIL _____

BREED _____

HEIGHT _____ hh AGE _____ COLOR _____

RIDER BUILD _____

CURRENT WORK ROUTINE

SADDLE TYPE _____

PRICE RANGE \$ _____

DO YOU HAVE AN EXISTING SADDLE? Y / N

WAS IT PURCHASED FOR THIS HORSE? Y / N

IS THERE A PROBLEM WITH THE FIT? Y / N

SADDLE CHECK

NEW/USED REFIT

CUSTOMER INFORMED OF ALL FEES?

SPECIAL NOTES

Fitting With _____

Confirmation _____