

***Sacramento County Sheriff Search & Rescue
Sensory Training Clinic Questionnaire***

Name: _____

Telephone Number: _____ E-mail Address: _____

Please answer all questions completely:

Rider

Date of Birth _____ (Must be 18 years of age or older to participate)

Physical limitations: _____

What is your usual type of riding? Trail Show Rodeo Endurance English

Western Jumping Ranch Work Professional Trainer Mounted Enforcement

Other: _____

Are you currently taking riding instruction? Yes No

Horse

Age _____ Breed _____ Gender _____

Physical limitations: _____

How long have you owned this horse? _____ Years

Is this horse currently in professional training? Yes No

Are you currently experiencing any of the following issues with your horse?

Bucking

Spinning

Rearing

Jigging

Kicking

Biting

Other _____

Riding Activities

On average, how many *hours a week* do you ride?

_____ in an arena _____ on trails

Activities you have participated in *during the past 12 months*:

<u>Activity</u>	<u># of Times</u>
<input type="checkbox"/> Clinics	_____
<input type="checkbox"/> Shows	_____
<input type="checkbox"/> Competitive Trail	_____
<input type="checkbox"/> Group Trail Rides	_____
<input type="checkbox"/> Other: _____	_____

What is the largest group of horses your horse has ridden in?

None 1-2 3-4 5+

The Clinic

- This is my first Sacramento County SAR Clinic
 I have participated in the Sacramento County SAR Clinic before.

Most recent year: _____

Are you a member of a:

- Search & Rescue organization?
 Mounted Police or Sheriff's Unit?

If you marked one of the above, are you taking this Clinic for purposes of certification for, or admission to, your Unit?

Yes No

What Goals or Expectations do you have for this Clinic? What do you hope to accomplish with your horse at this Clinic? _____

This questionnaire should be submitted with your Application and payment to:

**Sacramento County Sheriff SAR
3200 Longview Drive
Sacramento, CA 95821**