



Handler Questionnaire

Handler Name

Equine Name

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Equine Owner (if different then above)

Organization Affiliated with (if applicable)

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Check all that apply: (Answers do not necessarily prohibit you from qualifying.)

We recommend Handler is current on vaccinations and medical tests such as TBT, Covid and/or Influenza that are required by visiting Care Center, Care Community, or state laws.

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| <input type="checkbox"/> Equine is 1 year of age or older | <input type="checkbox"/> Equine is potty trained or will wear a potty bag on visits |
| <input type="checkbox"/> Handler is 18 years of age or older | <input type="checkbox"/> Equine will wear a therapy vest on visits (<i>not required</i>) |
| <input type="checkbox"/> Handler has owned the equine for at least 6 months | <input type="checkbox"/> Equine will wear rubber soled shoes on visits or some other form of hoof covering |
| <input type="checkbox"/> Handler has completed 20 visits without incident * | <input type="checkbox"/> Handler has completed 20 hours of academic education and/or hands-on training, specific to equine behavior or horsemanship * |
| <input type="checkbox"/> Handler has completed 20 hours of activities participating in EAT, EAP, traditional therapy, EAL, or education. * | |
| <input type="checkbox"/> Team carries Equine Liability Insurance | |

* Required for the Master's level only

Comment:

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All the information above is accurate to the best of my knowledge.

Handler Signature

Date