



KJM Enterprises Clinic Application

Personal Information

| | |
|-------------------------------|-------------------------------------|
| Name : _____ | Address: _____ |
| Cell Phone _____ | Email: _____ |
| Emergency Contact Name: _____ | Emergency Contact Cell Phone: _____ |
| Veternarian Name _____ | Veternarian Number: _____ |

Horse Bio

Tell us about the horse you would like to bring to the clinic.

Age: _____ Breed: _____ Gender: _____ Disapline: _____

Horsemanship Experience

Please describe your groundwork experience.

Please describe your riding experience or skill level.

Do you have Liberty Horsemanship Experience, if so please describe

Goals

What are your short and long term personal and professional goals?

Please complete and return to info.kjmenterprises@gmail.com