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HORSE SITTING INFO SHEET

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Clean Stalls: Yes No

How often and instructions: _____

Personality:

Does your animal have any aggressions toward other animals or people: Yes No

If yes, please describe: _____

Has your animal ever kicked, bitten or been bitten: Yes No

If yes, please describe: _____

Does your animal get frightened easily: Yes No

If yes, please describe all circumstances: _____

Where does your animal like/not like to be touched: _____

Behaviors:

Kicks Charges Other: _____

Rears Head Shy Other: _____

Bites Open Gates Other: _____

Other:

Easy to halter: Yes No

Easy to load in trailer: Yes No

Blanket: Yes No

Spray/Mask: Yes No

Anything else we should know: _____

