



Dennis Cappel Training Form 2022

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Number # primary \_\_\_\_\_ Alternate \_\_\_\_\_

Email: \_\_\_\_\_

Horse's \_\_\_\_\_ Type \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Vet's Name \_\_\_\_\_ number \_\_\_\_\_

Coggins date \_\_\_\_\_ Wormed \_\_\_\_\_ Shots \_\_\_\_\_

Do you have equine liability Ins. Yes \_\_\_ No \_\_\_ Co. Name \_\_\_\_\_

Does your horse run out with other horses? Yes \_\_\_ No \_\_\_

What is your Goal for your horse \_\_\_\_\_

Please read the following and sign:

UNDER MISSOURI LAW AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO REVISED STATUES OF MISSOURI.

OWNERS NAME PRINTED \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dennis Cappel LLC release

I have placed the above-named horse in the care of Dennis Cappel Horsemanship LLC and will not hold them responsible for any accidents or injury regarding this animal during the duration of training.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We look forward working with you and your horse.

Dennis Cappel Horsemanship LLC