



Robert McAuliffe, RMHB Pty Ltd
Licensed Parelli Professional
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ABN# 47 632 466 510

Application for Horse Development Form

Print, Complete and Post

please ensure you post the hardcopy well before the start of your horses training

Horse Name: _____ Value: \$ _____

Colour: _____ Breed: _____ Age: _____

Owner's Name: _____ Date: _____

Owner's Address: _____ Postcode: _____

Owner's Phone Number: _____ Owner's Email: _____

Owner's Savvy Club Member Number: _____

Which Parelli Level of Training Are YOU Interested In Obtaining? (Details Available)

- | | | | |
|----------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Level 1 | <input type="checkbox"/> Level 2 | <input type="checkbox"/> Level 3 | <input type="checkbox"/> Level 4+ |
| | <input type="checkbox"/> On Line | <input type="checkbox"/> On Line | <input type="checkbox"/> On Line |
| | <input type="checkbox"/> FreeStyle | <input type="checkbox"/> FreeStyle | <input type="checkbox"/> FreeStyle |
| | | <input type="checkbox"/> Liberty | <input type="checkbox"/> Liberty |
| | | | <input type="checkbox"/> Finesse |

What type of Horse Development do you require for your horse?

- Young Horse Handling Colt Starting (4 years and under) Colt Starting (over 4 years) Foundation Training

What Are Your Goals For This Horse? Please tick the most appropriate answer

- Recreation and Pleasure
- Competition (please specify): _____
- Work Partner
- Breeding
- Child's/Family Horse
- Other (please specify): _____

Optional

What do you think your horse's Horsenality™ is?

- Right Brain Introvert
- Right Brain Extrovert
- Left Brain Introvert
- Left Brain Extrovert

What qualities, of your horse, are most important to you?

On the Ground (please tick 5 most important)

- | | |
|--|--|
| <input type="checkbox"/> Catch | <input type="checkbox"/> Goes Sideways |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Goes under and over objects |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Accepts loud noises |
| <input type="checkbox"/> Stands well while tied | |
| <input type="checkbox"/> Feet Handling | |
| <input type="checkbox"/> Responsive | |
| <input type="checkbox"/> Trailer Load | |
| <input type="checkbox"/> Grooming/washing/clipping | |
| <input type="checkbox"/> Accepts Touch Everywhere | |
| <input type="checkbox"/> Yields from Pressure | |
| <input type="checkbox"/> Moves Away By Suggestion | |
| <input type="checkbox"/> Backs up and comes forward | |
| <input type="checkbox"/> Circles around you at walk and trot | |



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Under Saddle/Riding (please tick 5 most important)

- | | |
|--|--|
| <input type="checkbox"/> Friendly/Confident | <input type="checkbox"/> Can ride in a halter/hackamore and a bridle |
| <input type="checkbox"/> Accepts saddle without being tied | <input type="checkbox"/> Confident in open spaces |
| <input type="checkbox"/> Lowers head to bridle | <input type="checkbox"/> Brave on Trail Rides |
| <input type="checkbox"/> Goes forward willingly | <input type="checkbox"/> Crosses water, logs, etc |
| <input type="checkbox"/> Stops easily | <input type="checkbox"/> Jumps obstacles |
| <input type="checkbox"/> Turns lightly | <input type="checkbox"/> Goes under low objects |
| <input type="checkbox"/> Backs up | <input type="checkbox"/> Accepts loud noises |
| <input type="checkbox"/> Responsive | |

Is there any other information Rob should be made aware of about this horse (past training, Vices such as cribbing, history, difficulties)

Signature of Owner: _____ Date: _____