

NUTWELL SADDLERY FITTING FORM

NAME:

ADDRESS

.....

POST CODE

YARD ADDRESS:

.....

CONTACT NUMBERS

.....

HORSE NAME

AGE HEIGHT

BREED COLOUR

SEX: M G S

HOW LONG HORSE OWNED

ACTIVITIES WEEKLY FITNESS

CONDITION ESTIMATED WIDTH FIT

RIDERS NAME

AGE HEIGHT WEIGHT

EXPERIENCE

INJURIES/ILLNESS THAT MAY EFFECT SADDLE FIT

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.....

IS THE HORSE UNDER ANY VET / PHYSIO TREATMENT AT

PRESENT

IF YES PLEASE GIVE

DETAILS

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Any recent accidents / injuries or

illnesses

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DIRECTIONS TO HOUSE /

YARD

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**DATE:
INFORMATION NEEDED FOR EXISTING SADDLE CHECK**

MAKE OF SADDLE OWNED.....

MODEL..... COLOUR.....

SIZE..... WIDTH.....

Please fill in as much information as you can but we appreciate

This is not always known

INFORMATION NEEDED IF NEW SADDLE REQUIRED

EXISTING SADDLE MAKE.....

SIZE.....

WIDTH.....

DISCIPLINE.....

COLOUR.....

BUDGET.....

REASON FOR NEW SADDLE.....

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