## Saddle Fitting Form

9 year old t'bred gelding I year spell back into work.

Date: **Customer: Address:** Phone: **Email: Fitting address: Notes:** 

4/1950

Information given on this form is not sufficient for a non-qualified person to purchase and fit a saddle. Should a saddle be purchased from an alternative source using this information no responsibility for the suitability or the fit of that saddle will be accepted by the saddle fitter who provided these records.

**SADDLE DETAILS** 

Date purchased:

New / Secondhand

Saddle Manufacturer:

Model:

Size:

**Colour:** 

Fit:

Saddle adjustments:

**FUF date:** 

Saddle adjustments FUF:

RIDER DETAILS

Height:

Weight:

Age:

HORSE DETAILS

Name:

**Breed:** 

Age:

Sex:

Height:

Colour:

**Experience/Disipline:** 

Weight tape measurement:

**Condition:** 

ADDLEFITTER
Email: info@thesaddlefitter.com.au

Specialising in quality saddles and service for horse and rider

ABN: 98 816 526 711

Book No.

Direct Deposit details
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