

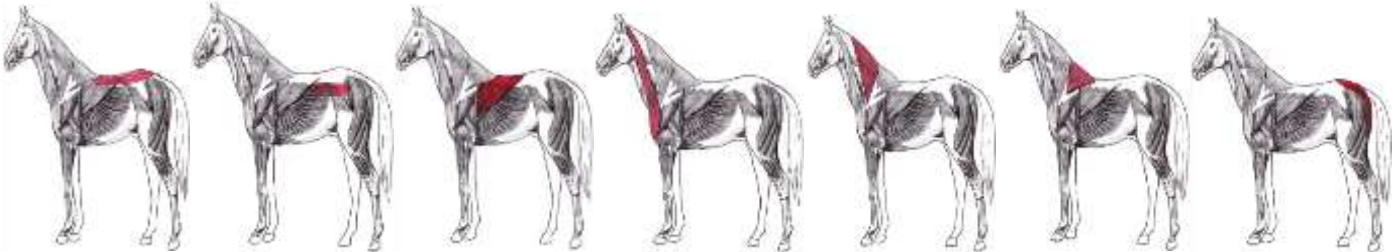


EQUINE INSPIRED LLC
 252 Sessions Dr., Aiken SC 29803
 (855) 469-4677
SADDLE-FITTING FORM

Stable _____ Date _____

NAME _____ HORSE _____
 ADDRESS _____ CITY _____ ST _____ ZIP _____
 HOME PHONE _____ CELL PHONE _____
 Email _____ @ _____
 POSITION PROBLEM WITH SADDLE, TRAINING ISSUE WITH HORSE, LAMNESS, OR ANY OTHER RIDING ISSUE:

LONGISSIMUS ILIOCASTALIS LATISSIMUS BRACHIOCEPHALICUS CERVICAL TRAP. THORACIC TRAP. GLUTEUS/HAMSTRINGS



L	R
1	1
2	2
3	3
4	4

L	R
1	1
2	2
3	3
4	4

L	R
1	1
2	2
3	3
4	4

L	R
1	1
2	2
3	3
4	4

L	R
1	1
2	2
3	3
4	4

L	R
1	1
2	2
3	3
4	4

L	R
1	1
2	2
3	3
4	4

FRT/REAR BALANCE ___/___ MOVEMENT LR/RF RR/LF GLUT TO HAM +/- +/- GIRTH _____" BACK _____"

<p><u>RIDER INFORMATION</u> HIGHT ___' ___' INSEAM _____" CROTCH TO KNEE ___cm HIP TO KNEE _____"cm KNEE TO HEEL ___cm MID THIGH ___cm MID HIP ___cm HIP LENGTH R L XL <u>SPINE</u> STRAIGHT MILD LORDOSIS LORDODTIC <u>OTHER</u> _____ _____</p>	<p><u>REPAIR SADDLE INFORMATION</u> MAKE/MDL _____ <u>PROBLEM</u> BTM ROCKING TOO N W FALLING RT LF OTHER _____ <u>ACTION FLOCKING</u> LF POMMEL A R ___cm RT POMMEL A R ___cm LF CANTLE A R ___cm RT CANTLE A R ___cm LF CENTERS A R ___cm RT CENTERS A R ___cm TREE ADJUST O C ___cm AIR PANELS R+ L+</p>	<p><u>SADDLE ORDER</u> MODEL _____ SIZE _____" CLR _____ FLAP LENGTH _____" FLAP WIDTH _____" ST/BARS Ext WELLUP AIR PANELS FRT COMP TWIST XN N M W THIGH ROLL FL ¾ VEL DEPTH OF SEAT L M D OPEN SEAT V (U) U(GUSSETT N EXT _____ LENGTH OF PNL _____" _____ _____ _____</p>	<p><u>ORDER INFORMATION</u> MODEL _____ PRICE \$ _____ HVY DUTY PLATE \$100 AIR PANELS (FRT) \$200 TOTAL \$ _____ DOWN PMT \$ _____ SADDLE FITTING \$ _____ OTHER _____\$ _____ CHECK # _____ or CREDIT CARD INFO - - - - - - - - - - Exp. ___/___ SEC _____ TAX ___ ST ___ EXEM FNL PMT \$ _____</p>
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Payment for products and services can be either by check or any major credit card. Make checks payable to:
Equine Inspired, 252 Sessions Dr, Aiken SC 29803