

EQUESTRIAN IMPORTS

THE PERFECT FIT FOR YOU AND YOUR HORSE

SADDLE REPAIR SHEET

DATE: _____ JOB NUMBER: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (H) _____ (W) _____ EMAIL: _____

DESCRIPTION OF SADDLE (complete all known details)

MAKE: _____ MODEL: _____ TYPE: Dressage Jumping

COLOR: Blk Lt Brn Dk Brn SERIAL #: _____

SEAT SIZE: 16" 16.5" 17" 17.5" 18" TREE WIDTH: N NM M MW W XW

DATE PURCHASED: _____ WHERE PURCHASED: _____

PREVIOUSLY FLOCKED/REPAIRED? Y N BY WHOM? _____

DESCRIPTION OF HORSE (saddle will be used on)

NAME: _____ GENDER: M S G AGE: _____

BREED: _____ HEIGHT: _____ WEIGHT: _____

DISCIPLINE / TRAINING LEVEL: _____

REPAIR / SERVICE REQUESTED: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ CONFIRMED W/ CLIENT? Y N

ESTIMATED COST: _____ PROMISED BY: _____

COMPLETED BY: _____