

**CONNECTICUT MILITARY DEPARTMENT
HORSE OFFICER ASSESSMENT**



Unit		Date:	
Name of Horse:		Name of Donor:	
Name of Unit Horse Officer:	Phone Number:	E-Mail:	
RIDEABILITY			
TRAINABILITY			
PERFORMANCE (basic cavalry drills)			
Individual drills:	Squad drills:		
OVERALL ASSESSMENT			
RECOMMENDATION			
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Comments:		
AUTHENTICATION			
Signature:		Date:	