

PATIENT INFORMATION

Owner Information	
Date:	Phone #:
Name:	
Email Address:	
Mailing Address:	

Horse Information		
Name:		
Age:	Gender:	Breed:
Height:	Weight (lbs):	Color:
Location (barn/stall #, etc.):		
Length of Daily Exercise (minutes):		
Type of Exercise/ Riding Discipline:		

Professional Horse Care Team (Name/Number)
Veterinarian:
Trainer:
Shoer:
Chiropractor:
Dentist:
List of previous vets (if any):
Other:

PATIENT INFORMATION

Nutrition					
<i>Type of</i>	<i>Breakfast</i>	<i>Lunch</i>	<i>Afternoon</i>	<i>Dinner</i>	<i>Total Weight of Feed (lbs)</i>
Hay 1:					
Hay 2:					
Hay Pellets:					
Grain 1:					
Grain 2:					
Additional Feed/Supplements:					

Living Conditions

Water: Bucket _____ Automatic Feeder (plastic/metal/type): _____

Salt Lick? (yes/no): _____ Stall/Size: _____

Pipe Corral/Size: _____ Other: _____

Additional Information Required

- Please enclose all lab work (if any) from the previous 12 months
- Send photos of untacked horse from the right and left sides (Remote clients)

PATIENT INFORMATION

Medical History		
Date/Name of Last Wormer:	Date of Last Teeth Floating:	Month of Last Psyllium Treatment:
Most Recent Vaccination(s)/Date(s):		
Current Conditions/Symptoms:		
Previous Conditions and Treatments:		
Does your horse exhibit any unusual behaviors? (Examples include, but are not limited to: licking or biting pipes, walls, hands, etc.; eating sand and/or manure; cribbing; weaving; demonstrating sensitivities to touch when tacking or brushing; girthing; bucking or rearing) Please describe:		
Current Medications:		
Previous Medications:		

PATIENT INFORMATION

Medical History (Continued)

Space for additional comments here (if any):

LIABILITY RELEASE



I am seeking the education and counsel of Equolution[®] LLC as performed by it's crew members and associates, so I myself can be more knowing in preventing and detecting problems in my animal's health, nutrition and performance. I declare that I am receiving solely education and counsel from one or more Equolution[®] LLC crew members. By choosing the Equolution[®] LLC approach, I reserve my right as an animal owner to practice veterinary medicine as a bona fide owner of my own animals. This right also applies to my assistants, helpers, trainers, grooms, feed personnel and other employees.

I acknowledge that the Equolution[®] LLC crew does NOT engage in the practice of veterinary medicine, veterinary surgery, or veterinary dentistry. In particular, Equolution[®] LLC crew members do NOT:

- *diagnose disease*
- *prescribe or administer a drug, medicine, appliance, application, or treatment of whatever nature for the prevention, cure or relief of a wound, fracture, bodily injury, or disease of the animal*
- *perform surgical or dental operations*
- *perform any manual procedure for the diagnosis of pregnancy, sterility, or infertility on domestic pets, livestock or equine*
- *use any words, letters or titles in such connection or under such circumstances as to induce the belief that he/she is engaged in the practice of veterinary medicine, veterinary surgery, or veterinary dentistry.*

I understand that the Equolution[®] LLC approach is an interactive program which requires exact and diligent execution on my part, including commitment from my helpers, trainer, groom and feed personnel. I am aware that I will not accomplish the desired goals with my horse/s if the program is not followed completely, if it is terminated, changed or interrupted without Equolution[®] LLC counsel.

With my signature below, I declare that I am the rightful owner of _____ (name of animal) and that I have read and understood the above text. I hold free and harmless all Equolution[®] LLC crew members from any liability resulting from the education, consultation or application of my knowledge obtained during the education or consultation.

Name: _____ Phone Number: _____

Address:

Signature: _____ Date: _____



MARKETING RELEASE FORM

We want your horse to be famous, but we need your permission first.

I grant permission to Equolution LLC, its employees and authorized representatives to take photographs and/or video of me and/or my horse/s, to copyright, use and publish the same in print and/or electronically. Equolution LLC may also use and publish my horse's story, including relevant medical history.

I agree that Equolution LLC may use such photographs, videos or stories including me and/or my horse with or without our names and for any lawful purpose, including for example such purposes as social media, publicity, advertising, and other Web content.

- Yes. I consent.
- No. I do not consent.

Signature

Printed Name

Date

City, State