

CLIENT FORMS

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:

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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
<ul style="list-style-type: none"> • 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)

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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:		

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Medical History (Continued)

Space for additional comments here (if any):