



**New Client Information**

*Wendy Jordan HoofCare LLC*

**Your Name:** \_\_\_\_\_

**Barn/Horse**

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**How Many Horse(s) &/or Donkey(s):** \_\_\_\_\_

**Horse Information: Name, Age, Last Dental, Work Load** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Who is your Veterinarian? Business name and Location:\_\_\_\_\_**

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**Reasons for contacting *Wendy Jordan HoofCare LLC* Maintenance trim, Lameness issues, Rehabilitation work, etc:\_\_\_\_\_**

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**Your horse(s) current diet, including hay, pasture grazing, and any additional supplements:\_\_\_\_\_**

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*This form may be emailed to [wjordan9156@yahoo.com](mailto:wjordan9156@yahoo.com)  
or printed out & brought to your first appointment*

