Equine Podiatry & Rehabilitation Mobile Practice
"applied sports medicine for horses"
Richard A. Mansmann, VMD, PhD, hon. DACVIM-LA
8809 Farrington Mill Road, Chapel Hill, North Carolina 27517
919/619-0620

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Owner/Responsible Party: Date:

Address:

Phone: Email:

Horse's Name: Age: Breed: Sex: Length Owned:

Address of horse's location:

Veterinarian: Email:

Farrier: Email:

We encourage both your primary care veterinarian and farrier to email us any pertinent history about your horse.
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Discipline: Exercise per week: Date of last competition: Where:

Your horse's attitude when ridden: ☐ quiet   ☐ occasional spooky   ☐ exuberant

Your horse's attitude when turned out: ☐ just walks around   ☐ exuberant ☐ in between

Your horse's attitude: with your farrier: ☐ stands patiently ☐ occasionally pulls feet away ☐ or needs sedation

Date of last shod/trimmed: Insured? Y / N   Company and contact:

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History: (main problem - when it began & # or recurrences)

Description of current shoeing:

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Hours in stall/day: Hours in pasture/paddock/day: Is a stall available?   Is a small paddock available?

Diet: Pasture quality: **Hay:** pounds/day   **Type**:

Grain: Pounds/day   Name:

Supplements: Name(s)

For the consultation to proceed a total horse side view picture that shows all 4 feet and current podiatry radiographs of each of the 4 feet emailed as labelled jpegs, to dickmansmann@gmail.com

By submitting this form, you understand that the pictures or copies of radiographs submitted might be used for education and/or for publication. Any educational materials used will be in strict confidence of you the owner and or trainer, your veterinarian, your farrier, and your horse.

Consultation fee of $200 is required at time of request: via PayPal: dickmansmann@gmail.com
Or Check made out to: EPRP & mail to 8809 Farrington Mill Rd, Chapel Hill, NC 27517
Additional fees such as $50/phone call or rechecks maybe invoiced at a later date.

For any additional information about our consulting service; visit www.equinepodiatryrehab.com

Signed_____ Date:_____