NEW CONSULTATION FORM

Owner's name

Horse's name

Address

Breed

Email

Age

Sex

Phone number

How long have you owned this horse?

VETERINARIAN HISTORY

Current Veterinarian

Veterinarian Phone

Previous medical history?

Any surgeries or procedures performed on this horse?

Routine Care

When was the horse last shod? Which farrier?

Last teeth float? From whom?

When was the horse last vaccinated and dewormed? Which vaccines? Which dewormer?

Nutrition

What is your horse's feeding program?

Is this horse on any medications? supplements?

Training

What are your goals for this horse?

What is this horse's training schedule?

Has this horse been previously worked on by a body worker, chiropractor, etc?

Current housing and schedule?

Any other information you would like to add?