New Client Survey

We would like to thank you for choosing Dynamic Equine Veterinary Services for your horse's Veterinary Care.

At Dynamic Equine Vet Services, our commitment is to treat both you and your horse with compassion, empathy, and respect. If at any time you are not satisfied with the services you receive, we encourage and welcome your feedback.

There are a few things we would like you to know in advance of your appointment.

- 1. All services are required to be paid for at the time of the appointment. Payment options include cash, eftpos and on the spot electronic funds transfer (preferred). Estimates can be provided prior to your appointment if needed, please just let us know if you would like one to be emailed to you.
- 2. We understand that life happens and there may be times when you need to cancel or reschedule your appointment. If this happens, please let us know as soon as possible to allow us the best chance to refill your booking time. Repeated cancellations, and those within 24 hours of appointment time may incur a cancellation fee. Please see our website for further details on our cancellation policy.
- 3. If you cannot be present for your appointment, please ensure the person who is present in your place has your permission to give consent for procedures or treatments deemed necessary by the veterinarian, or that you are contactable during your appointment time by phone.
- 4. There must be room on your property for the work vehicle and porta-safestocks to safely turn around, as well as flat ground to safely lower and operate the crush. If these criteria do not describe your property, please make arrangements for your appointment to be held at a suitable location.
- 5. Your horse must be halter trained at the minimum. If not, you will need to have suitable facilities to confine the horse safely enough to receive a sedation injection (ie a cattle crush or race). The porta-safe-stocks are not designed to hold unsedated, unhandled horses.

Please feel free to call us if you have any queries on 0460 651 842 or email us at dynamicequinevets@gmail.com

Dr Mikhalla Dynamic Equine Vet Services	
1. Tell us about you	1:
First name	
Last name	
2. What is your pho	one number?

We look forward to seeing you soon.

	nail?
4. Where do you l	ivo?
	ive:
Street address	
Street address line 2	
City	
State	
Zip code	
5. Is vour horse	e located where you live?
Yes	
○ No	
O If no, where	is your horse located?
	bout your horse (if multiple animals add them all please in the same text ed, Ginger, Spot Breed: TB, ASH, Clydesdale etc)
Name(s)	
Breed(s)	
Breed(s) Age/DOB(s)	
Breed(s) Age/DOB(s) Sex(es)	
Breed(s) Age/DOB(s) Sex(es)	
Breed(s) Age/DOB(s) Sex(es) Colour(es)	you owned this horse for?
Breed(s) Age/DOB(s) Sex(es) Colour(es)	you owned this horse for?
Breed(s) Age/DOB(s) Sex(es) Colour(es) 7. How long have	
Breed(s) Age/DOB(s) Sex(es) Colour(es) 7. How long have 8. Has this hore	you owned this horse for? se had any major medical issues in the past that your aware of?
Breed(s) Age/DOB(s) Sex(es) Colour(es) 7. How long have 8. Has this hore	
Breed(s) Age/DOB(s) Sex(es) Colour(es) 7. How long have 8. Has this hors Yes No	se had any major medical issues in the past that your aware of?
Breed(s) Age/DOB(s) Sex(es) Colour(es) 7. How long have 8. Has this hors Yes No	
Breed(s) Age/DOB(s) Sex(es) Colour(es) 7. How long have 8. Has this hors Yes No	se had any major medical issues in the past that your aware of?
Breed(s) Age/DOB(s) Sex(es) Colour(es) 7. How long have 8. Has this hore Yes No If yes please	se had any major medical issues in the past that your aware of? provide details
Breed(s) Age/DOB(s) Sex(es) Colour(es) 7. How long have 8. Has this hors Yes No If yes please 9. Do you have	se had any major medical issues in the past that your aware of?
Breed(s) Age/DOB(s) Sex(es) Colour(es) 7. How long have 8. Has this hore Yes No If yes please 9. Do you have Yes	se had any major medical issues in the past that your aware of? provide details
8. Has this horse Yes No No If yes please Yes Yes No No	se had any major medical issues in the past that your aware of? provide details

11 16	
	are booked for dental procedure, has your horse had this before?
Yes	
○ No	
If yes,	does your horse have any dental abnormalities that you are aware of?
12 Hacro	our horse had any adverse effects from sedation before?
Yes	our noise had any adverse enects from sedation before:
O No	
	please give details
II yes	prease give details
10.70	
	are booked for vaccinations has your horse had this before?
Yes	are booked for vaccinations has your horse had this before?
	are booked for vaccinations has your horse had this before?
Yes No	
Yes No 14. Has yo	are booked for vaccinations has your horse had this before? our horse had any side effects from vaccination previously?
Yes No 14. Has yo	
Yes No 14. Has yo Yes No	our horse had any side effects from vaccination previously?
Yes No 14. Has yo Yes No	
Yes No No 14. Has yo Yes No If yes	our horse had any side effects from vaccination previously? please describe.
Yes No No 14. Has yo Yes No If yes	our horse had any side effects from vaccination previously?
Yes No 14. Has yo Yes No If yes 15. Do you Yes	our horse had any side effects from vaccination previously? please describe.
Yes No No 14. Has you Yes No If yes 15. Do you	our horse had any side effects from vaccination previously? please describe.
Yes No No 14. Has you Yes No If yes 15. Do you Yes No	our horse had any side effects from vaccination previously? please describe.
Yes No No 14. Has you Yes No If yes 15. Do you Yes No	our horse had any side effects from vaccination previously? please describe. I have adequate room for turning a vehicle and trailer at your property?
Yes No No 14. Has you Yes No If yes 15. Do you Yes No No 16. Is your	our horse had any side effects from vaccination previously? please describe. I have adequate room for turning a vehicle and trailer at your property?
Yes No No 14. Has you Yes No If yes Yes No Yes Yes Yes Yes Yes	our horse had any side effects from vaccination previously? please describe. I have adequate room for turning a vehicle and trailer at your property?
Yes No No 14. Has you Yes No If yes Yes No Yes No Yes No 16. Is your Yes No 17. If no to	our horse had any side effects from vaccination previously? please describe. In have adequate room for turning a vehicle and trailer at your property? In horse halter trained? In the above question, do you have a cattle crush or race to safely confine the
Yes No No 14. Has you Yes No If yes Yes No Yes No Yes No 16. Is your Yes No 17. If no to	our horse had any side effects from vaccination previously? please describe. In have adequate room for turning a vehicle and trailer at your property? In horse halter trained? In the above question, do you have a cattle crush or race to safely confine the
Yes No No 14. Has you Yes No If yes Yes No Yes No 16. Is your Yes No 17. If no to horse for s	our horse had any side effects from vaccination previously? please describe. In have adequate room for turning a vehicle and trailer at your property? In horse halter trained? In the above question, do you have a cattle crush or race to safely confine the

ou have a preferred time of day please send us a message ASAP so we can try to accommodate.		
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D/MM/YYYY		
10.77		
	d and do you agree to our payment and cancellation policies (located dynamicequinevets.com.au)?	
Yes	aynamicoquinovoio.com.au).	
	the formuland to proceedings you and your house(s)!	
	k forward to meeting you and your horse(s)!	
Please put todays dat	e below and "sign" your initials before submitting the completed survey.	