**Equine pre-treatment form**

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| Horse name: |  |
| Client name: |  |
| Home address: |  |
| Yard address: |  |
| Telephone: |  | Email: |  |

|  |  |
| --- | --- |
| Reason for treatment: |  |
| Daily exercise routine: |  |
| Management routine:(circle all that apply) | Turnout: During the day / 24/7 / Overnight Fed from a net? Yes / No |
| Is the horse receiving any other complementary therapies? | Yes – please give detailsNo |
| Farrier name:Saddle last checked:Teeth last done and by whom: |  |