



Client Intake Form

Horse & Owner Information

Horse Information

Horse Name	<input type="text"/>	Age	<input type="text"/>	Gender	<input type="text"/>	
Breed	<input type="text"/>	Discipline / Job	<input type="text"/>			
Barn Name	<input type="text"/>	Activity Level	<input type="checkbox"/> Retired	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy

Current Treatments

Medical Conditions / Injuries

Goals for Today's Session

Behavioral Concerns

Owner Information

Owner Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	City / ZIP	<input type="text"/>
Email	<input type="text"/>		

Special Instructions / Gate Codes

Agreements

- I certify that the information provided is accurate to the best of my knowledge.
- I understand that Happily Equine After does not provide veterinary diagnosis or medical treatment.

Signature Date

Because your horse deserves to feel great.