

Equine Podiatry & Rehabilitation Consultation Practice
"applied sports medicine for horses"
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919/619-0620

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www.equinepodiatryrehab.com

Owner/Responsible Party:

Date:

Address:

Phone:

Email:

Horse's Name:

Age:

Breed:

Sex:

Color:

Length owned or date purchased:

Address of horse's location:

Veterinarian:

Email:

Farrier:

Email:

We encourage your veterinarian & farrier to email any pertinent history about your horse.

Discipline:

Exercise per week:

Date of last competition:

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:

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

Description of current shoeing:

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

Diet: Pasture quality:

Hay Type & pounds/day:

Grain Type/Name & Pounds/day:

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 material used will be in strict confidence of you, the owner and/or trainer, your veterinarian, your farrier, and your horse's name.

Consultation fee of \$250 is required at time of request: via PayPal: dickmansmann@gmail.com

Or Check made out to: EPRP & mail to 5939 Flora Saline Drive, Mebane, NC 27302

Additional fees based on time with phone calls, virtual exams or re-examination reviews may be invoiced later.

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

Signed: _____ Date: _____