

INITIAL INTAKE FORM

DATE

OWNER NAME

HORSE NAME

ADDRESS

BREED

EMAIL

AGE

SEX

PHONE

WEIGHT

HEIGHT

VETERINARIAN HISTORY

CURRENT VETERINARIAN/VET HOSPITAL

PHONE

WHEN WAS THE LAST TIME THE HORSE SAW THE VETERINARIAN AND WHY?

IF THE HORSE IS FEMALE; HAS SHE PREVIOUSLY FOALD, ISSUES WHILE IN SEASON AND/OR LAST REPRODUCTIVE EXAM?

IF THE HORSE IS GELDED, APPROXIMATELY WHEN WAS THIS DONE?

IF THE HORSE IS MALE, WHEN WAS THE SHEATH LAST ADDRESSED?

HOW LONG HAVE YOU OWNED THE HORSE?

ROUTINE CARE

WHEN WAS THE HORSE LAST SHOD?

WHEN WERE THE TEETH LAST ADDRESS AND BY WHOM?

WHEN WAS THE HORSE LAST VACCINATED?

WHEN WAS THE HORSE LAST WORMED AND WITH WHAT?

TRAINING & SADDLE FIT

WHAT ARE YOUR GOALS FOR THIS HORSE?

WHAT IS YOUR TRAINING/CONDITIONING PROGRAM?

WHAT HAS THIS HORSE DONE AS FAR AS OTHER DISCIPLINES BEFORE YOU OWNED THIS HORSE?

ADDITIONAL INFORMATION CURRENT/PREVIOUS HISTORY, PERFORMANCE AND HEALTH ISSUES?

WHEN WAS THE SADDLE LAST CHECKED AND BY WHOM?

NUTRITION

IS THE HORSE ON ANY CURRENT MEDICATIONS, NUTRACUETICALS OR SUPPLEMENTS?

WHAT IS YOUR HORSES FEEDING PROGRAM?

ENVIRONMENT

WHAT IS THE CURRENT HOUSING AND TURNOUT?

IS THIS SESSION INTENDED AS PART OF YOUR HORSE'S WELLBEING PROTOCOL OR DO YOU HAVE ANY SPECIFIC CONCERNS OR AREAS YOU WOULD LIKE ADDRESSED?