

Hands 4 Hooves, LLC

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Today's Date:

Owner Information

Owner Name:

Phone:

Address:

City:

State:

Zip:

Email:

Equine Information

Equine Name:

Breed:

Age:

Sex:

Color:

Height:

Body Score:

Discipline(s):

Trainer:

Phone:

Date Seen:

Struggles?

Vet:

Phone:

Date Seen:

Reason:

Resolved?

How:

Farrier:

Phone:

Date Seen:

Dentist:

Phone:

Date Seen:

Chiro:

Phone:

Date Seen:

What was adjusted?

Is it okay to contact these professionals if I need to confer with them about your equine?

Yes

No

Health History

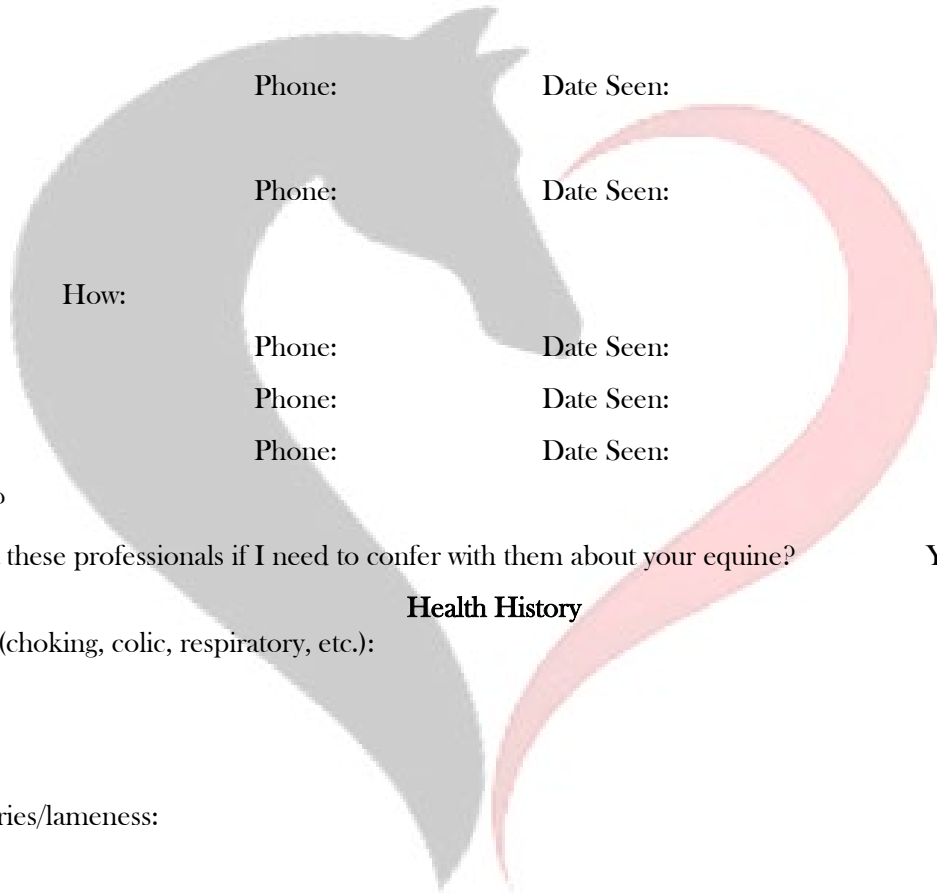
Prior Emergencies (choking, colic, respiratory, etc.):

Past or current injuries/lameness:

Hoof Health (condition, shoeing, etc.)

Any diagnostics (radiographs, injections, etc.)?

Dental findings:



Has had or been suspected of gastric ulcers or hindgut dysbiosis?

Suspected or diagnosed with metabolic disorders?

Genetic Conditions:

Emotional History

Prior significant stress (transport, abuse, owners, etc.)

Vices:

Disposition:

Diet & Exercise

Hay (type(s)/amount):

Feed/Grains:

Supplements:

Medications:

Herbs:

Essential Oils:

Is appetite normal?

Urine & manure normal?

Stabling:

Exercise regime & intensity:

Equipment

Describe your tack:

Has your saddle fit been checked in the last six months? Any modifications?

Have you changed tack recently?

Is training equipment used (martingale, draw reins, etc.)?

Reason for bodywork?

Has vet been consulted about the issue? If yes, what was solution/diagnosis?

