

New Equine Client Information form

First name:

Middle initial:

Last name:

Mailing address:

City:

State:

Zip Code:

Home phone:

Cell phone:

Work phone:

Barn phone:

Email address:

How did you hear about us?:

Registered Name:

Horse's Stable Name:

Breed:

Birthdate:

Sex:

Color:

When obtained:

Where obtained:

Stabled at/ address:

Regular veterinarian:

Discipline:

Do you compete?:

How exercised:

How often exercised:

Turnout:

Brand/Type of feed:

How often fed:

Supplements:

Medications:

Allergies?:

Farrier:

Date last shod/trimmed:

Shoes- front, all around, or barefoot?:

Teeth last floated/checked- and by who?:

Any vices? Towards humans? Ie. Kicking, biting, etc?

Describe your horse's typical temperament:

Any history of past injury, lameness, or illness?

Current issue:

Any recent x-rays, blood work or other diagnostics performed for this condition?:

Has the horse previously had a chiropractic adjustment?:

How did he/she respond ?:

Has the horse previously had acupuncture?:

How did he/she respond?: