

## Health Form

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone#: (      ) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Horse's Name: \_\_\_\_\_

Has the horse been seen by a vet for this issue?      Yes      No

Horse's Age: \_\_\_\_\_ Appox how long has the issue been: \_\_\_\_\_

Problems/Condition(s)/Diagnosis wishing to treat:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Feeding & Treatment Plan:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this for: remote consultation only   OR   on site treatment as well

You're interested in:   Herbs   Whole/Super Foods   Essential Oils

Massage Services   Stretches/Strengthening   Coconut Oil   Hemp Oil

Training Services   Equipment Check   Biomechanics

Approximated monthly budget for this issue: \_\_\_\_\_

**Does Your Horse???**

**Mark all the apply- during touching, brushing, saddling, riding, etc**

☐ Flinch    ☐ Flick tail    ☐ Shake    ☐ Bite/Warn    ☐ Kick/Warn

☐ Pin Ears    ☐ Move away    ☐ Not stand still    ☐ Won't turn right

☐ Doesn't like down transitions    ☐ Doesn't like upward transitions

☐ Eat/lick dirt, bark, trees, wood, etc    ☐ Drink a lot or Pee a lot

☐ Bite at stomach    ☐ Lay down    ☐ Have sore feet    ☐ Sore muscles

☐ Has been sick    ☐ Been on any medication/injection in the last 1yr

☐ Go into a stall    ☐ Graze on pasture    ☐ Compete/Travel

☐ Use draw reins, martingale, tie-down    ☐ Crib/Wind Suck    ☐ Hard Stool

☐ Loose Stool    ☐ Heat or Swelling    ☐ Cold spot    ☐ Tail rubbing

☐ Bad attitude    ☐ Hives/bumps    ☐ Ulcers    ☐ Anxiety

**Please remark on any of these or any other symptoms/problems you know about:**

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