



Holistic Reflections
Connect ♡ Balance ♡ Evolve

APPLIED EQUINE PODIATRY NEW CLIENT FORM

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CLIENT:	HORSE:	SEX:	NUTRITION-GRASS/FORAGE:
ADDRESS:	BREED/TYPE:		
	ADDRESS OF HORSE:		
CITY:			NUTRITION-BUCKET FEED:
COUNTY:	AGE:	HEIGHT: hh	
POST CODE:	WEIGHT: kgs	BODYScore: /10	
DAY TIME TEL:	DISCIPLINE (JOB):		NUTRITION-SUPPLEMENTS:
EVENING TEL:	GOALS:		
INVOICE ADDRESS:			
E-MAIL:	CURRENT EXERCISE/TRAINING:		MEDICAL HISTORY-RECENT/3 MONTHS:
VETERINARIAN:			
DATE LAST TRIMMED:	COMPETITION SCHEDULE:		
HORSE CURRENTLY BEING TREATED BY A VET? YES <input type="checkbox"/> NO <input type="checkbox"/>			MEDICAL HISTORY-BEFORE 3 MONTHS/HISTORICAL:
IF YES, PROVIDE DETAILS OF DIAGNOSIS, PROGNOSIS & TREATMENT:	ENVIRONMENT-STABLE MANAGEMENT/VACCINATION/WORMING ROUTINE:		
			MEDICATIONS:
DATE OF LAST VET VISIT:			

DATE: _____ CLIENT SIGNATURE: _____

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