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Intake Form

Owner Information				
Name	Phone			
Email				
General Information				
Barn	Stall			
Address				
Name	Age	Female	Male	
Workload				
Please list current workload incl	uding training, turn out, exe	ercising, riding, etc:		
Environment				
Hours in stall per day	Hours in out of stall	per day		
Diet	Туре	Amount		Interval/Frequency
Supplements				
Grain				
Forage				
Other				
 Feet				
☐ Shod	☐ Barefoot			Therapeutic Shoeing
Farrier:	Last Appointmer	nt:/	_	
Length between appointme	ents: weeks			
May I contact if necessary t	o discuss? Y N			
Teeth				
Date of last float:	_/	Who did the floa	at?	
Power Floated		☐ Ha	nd Floated	

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	Please list any abnormal findings mentioned:	
Tack		
u	J Fitted? o By whom?:	/
Please li	e list what is used:	
Bit		unging/Side Reins/Tie downs -
Saddle -	e	
Pad(s) -)- <u></u>	Headstall/Bridle -
Boots/L	/Leg wear	
Reprod	oductive	
Males:	s: Gelded? Y N Age at ge	elding? Years
Issues	s with surgery?	
	ales: Bred? Y N # of Foals # of Pregnancies	
	Hormone issuesOvarian concerns (including cysts)Abnormal Cycles	
Rider(s	r (s)	
Lev	evel	
	〕 Beginner	
	1 Intermediate	
	A dvance	
Any kn	known physical challenges in the rider(s)?	

Veterinary

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	Lameness exam		Injections
	X-Rays		Pre Purchase Exam
Ple	ase elaborate any findings/diagnostics/management of ar	ny bo	xes checked prior.
Any	y illnesses, injuries, conditions, or surgeries to note?		
— Metab	polic		
	Hungry all the time		Hard Keeper
	Ulcers confirmed or suspected		Insulin Resistant
	Easy Keeper		Cushings
Histor	у		
	Cribbing		Cinchy/Girthy
	Weaving		Head Shy
	Biting		Struggling with lead/gait changes
	Pawing		Refusal or struggling to back
	Spooky		Resistance when going one direction
	Rearing		Alternating hind legs
	Bolting		Resting hind end on walls or stall
	Kicking		Chomping on the bit or playing with the
	Other		bit
Perfor	mance Challenges?		
Please 6	explain:		

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