

[RR1][RR2] **Hoof Assessment
Intake Form**

Date: _____

Name: _____

Address: _____

City & Province: _____

Postal Code/ZIP _____

Phone: Home: _____ Cell: _____

Email: _____

Name of Horse: _____

Breed: _____ Age _____

How long have you owned your Horse? _____

What are your horse's current symptoms?

Which hoof conditions has your horse had in the past? E.g. laminitis, founder, navicular

What is your horse currently eating?

How much exercise is your horse getting?

Billing Information (enter if not already on file):

Visa/MC #: _____

Expiry Date: _____ 3 Digit Security #: _____

Signature: _____

Note: Signature permits Riva's Remedies Ltd. to charge the above credit card for the set Consultation fee. Consultation fees are not processed until after the health report is completed and received by client.

Marijke's Intuitive Healing Services
P.O. Box #92
Armstrong, B.C.
V0E 1B0
Phone: 250-546-0669
Fax: 1-250-546-0663
Email: connect@marijke.com
www.rivasremedies.com
www.marijke.com

