

Parasite Treatment Consultation Intake Form

Date: _____

Name: _____

Address: _____

City & Province: _____

Postal Code/ZIP _____

Phone: Home: _____ Cell: _____

Email: _____

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.

Name of Horse: _____

Breed: _____ Age _____

How long have you owned your Horse? _____

List de-worming history if known

<u>Date</u>	<u>Type of De-wormer and Dosage</u>
-------------	-------------------------------------

List All Current Supplements

Current Diet:

List any current health problems or other relevant information

**Please email two current pictures of your horse – a full body shot (without a blanket on) and a picture of his/her manure.

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

