



Equine Parasite Assessment Intake Form

Contact Information

Date: _____

Name: _____

Address: _____

City & Province: _____

Postal Code/ZIP _____

Phone: Home: _____ Cell: _____

Email: _____

Billing Information (OMIT if fees have been paid online)

Visa/MC #: _____

Expiry Date: _____ 3 Digit Security # _____

Signature: _____

(Note: Signature permits us to charge the above credit card for the consultation fee and any other charges as authorized by the customer.)

Health Information

Name of Horse: _____

Breed: _____ Age _____

How long have you owned your Horse? _____

List de-worming history if known

Date _____ Type of De-wormer and Dosage _____

List All Current Supplements

Current Feed Program

List any current health problems or other relevant information

Include two pictures of your horse. Take one complete body picture (no blanket) and one portrait picture showing your horse's face. The best pictures are taken outside in good light. Ensure that the pictures are in focus.

Riva's Remedies

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