

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 pa	aid 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 yo	ou owned your Horse?	<u>-</u>
ist de-worming h	nistory if known	
Date	Type of De-wormer and Dosage	=
		-
		_
List All Current	Supplements	
Current Feed Pr	ogram	
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.

Disclaimer

This consultation is intended to provide health information and Elisha Edwards Inc., and Riva's Remedies Ltd. reminds clients that this information is not intended to be used as a diagnosis or to treat specific health problems or diseases for their animals. The information should not be considered as a substitute for qualified veterinary advice. In the holistic health care model, our aim is to support wellness of the whole body.

We also provide information on products, but it is the client's responsibility to ensure that any products used are appropriate and that there are no contraindications for their specific situation.

Elisha Edwards Inc., and Riva's Remedies Ltd. and their owners, employees or affiliates will not be liable or responsible for any loss, damage or health problems caused directly or indirectly by the use or attempted use of any of the information or products. People should always seek the services of a qualified health care professional.

Signature	Date	

Riva's Remedies

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