

**Hoof Health Services Intake Form**  
**Jessica Fobert – Hoof Care Specialist**

Contact Information

Date:

Name of Owner:

Address:

Phone Number:

Email:

Horse Information

Name of Horse:

Age & Breed:

Gelding

Mare

Stallion

How long have you owned your horse?

Diet & Forage

What kind of hay are they eating? Is hay available 24/7?

Are they on grass?

What kind of feed program are they on?

Are the meals scheduled?

## Lifestyle

What previous lifestyle or career did they have?

What type of activities are they involved in now? (e.g. discipline, sport, competition, training).

How many times per week do they exercise or work?

How long are the sessions?

Any other kinds of exercise?

Does your horse live in a paddock or stall?

If stall or small paddock how many hours per day?

Do they have regular turn-out? If so, what size is the turn-out?

Does s/he live with other horses?

## Health History

Does your horse have any existing health conditions?

Did your horse have any health problems in the past?

When was the last time your horse had a dental checkup?

What dental issues were identified?

Were your horses' teeth hand-floated or power-floated?

List all medications (current and last 12 months):

List all current supplements:

List vaccine history:

## Hoof Health

What hoof problems is your horse having now?

Is your horse barefoot or shod? For how long?

How often are your horse's hooves trimmed or shod?