

Riva's Remedies

Equine Food Allergy Intake Form

Contact Information

Name: _____

Address: _____

City _____ Province/State _____

Postal Code/Zip _____ Telephone Number _____

Email Address: _____

Health Information

Name of Horse _____

Breed _____

Age _____ Weight _____ Gelding/Mare _____ Pregnant: Yes or No

What are the primary and current health concerns?

What type of hay, grain and/or feed is your horse currently eating?

If your horse is on any commercial feeds please attach an ingredient list.

****Note: a Guaranteed Analysis is NOT an ingredient list – I need the exact ingredients, E.g. alfalfa, oils, oats, corn, wheat, beet pulp, soybeans, etc...?**

Please list all medications and/or supplements:

Attach an ingredient list for all combination supplements. _____

List any known allergies or sensitivities: _____

List the types or chemical or herbal dewormers that were used in the last 12 months and the month they were given.

List your horse's vaccine history and when they were administered.

Disclaimer

This health consultation is intended to provide health information and Marijke van de Water, Marijke's Intuitive Healing Services Ltd., and Riva's Remedies Ltd. reminds clients that this information is not 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.

Marijke van de water, Marijke's Intuitive Healing Services Ltd. 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 Ltd.

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