

## EQUINE INITIAL INTAKE FORM: History and Current Issues

Name of Owner/Farm: \_\_\_\_\_

Phone: \_\_\_\_\_

Address:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Horse Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Ht: \_\_\_\_\_

Barn Name/Address:

\_\_\_\_\_

How long have you owned the horse:

\_\_\_\_\_

If the horse is a male when was the sheath last addressed:

\_\_\_\_\_

What riding disciplines is your horse used for:

\_\_\_\_\_

What has the horse done as far as other riding disciplines before you owned this horse:

\_\_\_\_\_

\_\_\_\_\_

What is your training or conditioning program:

\_\_\_\_\_

\_\_\_\_\_

What are your goals for this horse:

\_\_\_\_\_

Current and previous medical

history: \_\_\_\_\_

\_\_\_\_\_

Current

medications: \_\_\_\_\_

\_\_\_\_\_

Vet

Name: \_\_\_\_\_

**When was your horse last seen by a veterinarian and why:** \_\_\_\_\_

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**Chiropractor**

**Name:** \_\_\_\_\_

**When was your horse last seen by a chiropractor and why:** \_\_\_\_\_

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**When was your horse last shod or trimmed and by whom:** \_\_\_\_\_

**When were the teeth last addressed and by whom:** \_\_\_\_\_

**When was your horse last vaccinated and with what:** \_\_\_\_\_

**When was your saddle last checked and by whom:** \_\_\_\_\_

**Is your horse ridden in any other saddle (e.g. your trainers), if so whose saddle and what type and size:** \_\_\_\_\_

**What is the current housing or turnout for your horse:** \_\_\_\_\_

**Do you have any specific concerns or areas you would like addressed in this session:** \_\_\_\_\_

**Does your horse bite, kick or have any other vices that I should be aware of when working on your horse?**

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**How did you hear about me:**

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**Other Comments:**

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I understand that massage or other modalities are never a replacement for proper veterinary care. I understand that Alexandria Kiema will not diagnose conditions, attempt any adjustments/musculoskeletal manipulations or prescribe medications, nutraceuticals or supplements for my horse. If my horse is currently being seen by a veterinarian, I have cleared this work with the attending veterinarian to ensure body work is at this time appropriate for the horse.

**OWNER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_