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Owner Info	(On File/New)
Name _____	Phone: _____ C/H
	Text: Y N
Address: _____	
_____ Email: _____	

Date: _____ New Client/Horse Intake Form

Horse Name(s) & Show Name: _____

Barn Name: _____ Horse DOB(Age): _____ Breed: _____ Gender: _____

Age when started, ground work/under saddle (if known): _____

Current Job: _____ Days/Week Hacked: _____ Days/Week Harder Work: _____

Behaviors of Note: _____

Past Health/Major Medical/Injury History (if known): _____

Current concerns/complaints/soundness issues: _____

Vet: _____ Farrier: _____

DENTAL PROGRAM:

Last date checked: _____ Next date scheduled/planned: _____

What done/findings: _____

HOOF CARE:

Last date shod/trimmed: _____ Next date scheduled: _____

Any hoof issues/concerns: _____

NUTRITION INFO: Type of feed? _____ Supplements? Y/N For? _____
Type? _____ Other feed/nutrition info: _____

PRIOR BODYWORK? YES/NO

Type (chiro, massage, acupuncture/pressure, MM, etc.)? _____
By whom (optional)? _____

STRETCHES/REHAB? YES/NO

If yes, what type? _____
Before work? Yes/No After work? Yes/No

TACK:

What type of saddle(s)? _____ How many saddles used? _____
Ever assessed for fit? Yes/No If "yes" date? _____ By whom? _____
Saddle fitting concerns? _____

RIDERS:

How many? _____ Any riders have any pain/injury/compensation issues
(i.e. back pain, sprained ankle, broken bones, etc.)? _____

Any riders get bodywork? Yes/No
If yes, what type(s) of work (i.e. chiro, physical therapy, etc.) _____
_____ when last appt? _____ How often? _____

ANY OTHER NOTES: