

Intake Form



Equine Solutions & Consulting P.A.

Date: _____ Owner's Name: _____

Owner's Address: _____

Email Address: _____

Phone: _____ Preferred Method of Contact Text Email Phone

Barn information if applicable.

Barn Name: _____

Barn Owner's Name: _____

Barn Address: _____

Gate Code: _____

Patient Information

Name: _____ Breed: _____

Species: Canine Equine Sex: Female Spayed Female Male Neutered Male

Age: _____ Weight: _____

Veterinarian's Info

Name: _____

Phone: _____ Email: _____

Please tell us about the patient:

1. Primary Use/Discipline?
2. How long has this patient been in your care?
3. What was the patient's job/discipline before coming to you?
4. What is the patient's training/conditioning program?
5. What are your goals for this patient?

6. Has this patient had any traumatic injury? No Yes
- a. If yes, please describe.
7. Does this patient have any major medical conditions? No Yes
- a. If yes, please describe.
8. Is this patient on any medication, nutraceuticals, or supplements? No Yes
- a. If yes, please list name and what they are for.
9. Is there anywhere this patient doesn't like to be touched? No Yes
- a. If yes, please describe.
10. Does this patient have any known behavioral issues? (biting, kicking, charging, etc.)
11. Is there anything else I should know about the patient?

Permission to Perform Alternative Therapies:

By signing the line below, I give Zink-Notley Equine Solutions & Consulting permission to perform alternative therapies/body work on this animal. I understand alternative modalities are never a replacement for proper veterinary care. I understand that Zink-Notley Equine Solutions & Consulting will not diagnose conditions, attempt any adjustments/musculoskeletal manipulations or prescribe medications, nutraceuticals, or supplements for my animal. If a veterinarian is currently seeing this patient, I have cleared this work with the attending veterinarian to ensure any alternative therapy is at this time appropriate for this animal. I affirm that I have given all relevant information and will update you when new information is acquired.

Signature: _____ Date: _____