

Animal B.E.S.T. Large Animal Intake Form

Animal's Name: _____ Date: _____

Breed of Animal: _____

Owner's Name: _____ Email: _____

Person Responsible for Payment: _____

Contact Phones: _____ wk _____ hm _____ cell

Horse: Mare Gelding Stallion Age: _____ Weight: _____

Conditioning: (muscle tone) _____

Coloring: _____ Hooves: _____

Eyes: _____ Coat: _____

Scars: _____ Injuries: _____

Cribs: _____ Colic's _____

Activities: Pleasure Riding Pet Pulling Breeding #Yrs: _____

Halter trained Saddle trained Harness Team

Riding style: Western English Jumping

Performance/ Show events, classes etc: (describe)

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Stable: _____

Caretaker: _____ Phone: _____

Pastured Stabled Both Stable Mates: _____

Recent changes: _____

Cautions/Dangers/Issues: Bites Kicks Aggressive Loading

Leading In Transporting Personality (Please describe in detail)

Feed: Grain type(s) _____ % Protein _____

Hay/Grass: _____ % Protein _____

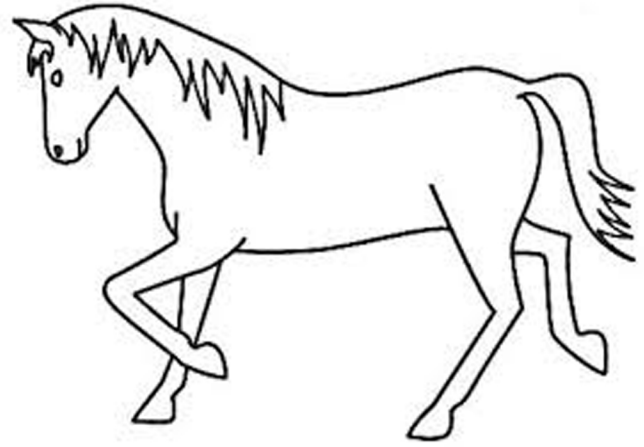
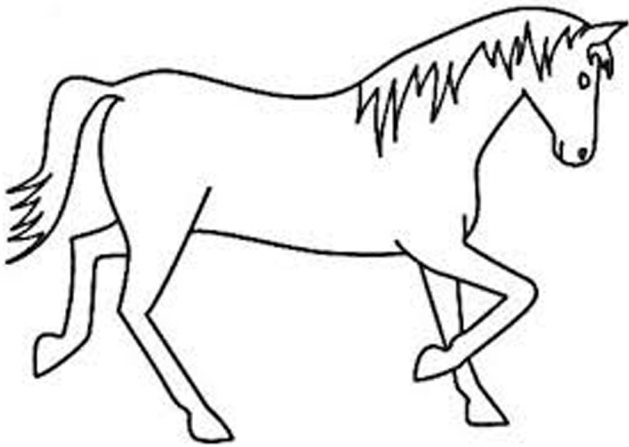
Always Available: Yes No

Supplements: _____

Fresh Water: Pond/lake Creek/stream City water Well water

Always available: Yes No

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Please mark the exact location of the issue/pain on the diagrams above

Health Information

Previous B.E.S.T. care? Yes No Date consulted: _____

Reason: _____

B.E.S.T. Practitioner's name and location: _____

Previous veterinary care? Yes No Date consulted: _____

Reason: _____

Farrier: _____ Phone: _____

Has present issue been addressed before now? Yes No

How addressed: _____ When: _____

Current Veterinarian: _____ Phone: _____

List any surgical operations: _____

List any major traumas or injuries: _____

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Main Focus or Reason for This Session

- Specific issue(s) General Performance
- Interested in correcting specific issue(s) overall health and performance
- I would like this session to focus on determining the best care for my animal
- I would like to explore how my state of being might be affecting my animal
- I would like to schedule a B.E.S.T. appointment for myself

What is the major complaint(s): _____

How long have you been aware of condition(s): _____

Explain how it started and the cause: _____

What activities make it worse: _____

What makes it better: _____

Condition is getting: Better Worse Staying the same

Condition is interfering with: Attention Performance Recreation

Show Breeding Other

Disclaimer: I am not a veterinarian and do not presume to know what they know nor replace them in any way. The service I provide is to balance your pet physically and emotionally to allow for the natural state of health and wellness to be present.