INTAKE HISTORY FORM

JOY M. CAMPBELL,, LMBT

Date__/__/____

Owners Information

Name_____
Phone_____
Address_____
_____
Stable Location_____
Address_____
_____

Horses Information

Name_____
Breed_____
Color_____ **Height**_____
Sex_____ **Age**_____
Shoes_____

Discipline_____
Level Schooled To_____

Last Saddle Fit_____
Last Dentist Visit _____
Last Shots/Worming_____

Any Allergies_____
Conformation/Symmetry etc._____

General Health Condition_____

Any Behavioral Problems_____

Comments_____
_____