



## HOOF HEALTH HELP

Your Name:		Date:	
Email:		Horse breed:	
Phone #:		Age / Height / weight	
Horse name:		Climatic conditions:	
Discipline:		Current medications:	

PLEASE DESCRIBE YOUR HORSE'S LIVING CONDITIONS: (HERD MATES, TERRAIN, CLIMATE, SPACE ETC.)

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DESCRIBE GAIT ABNORMALITIES OR HOOF ISSUES OF CONCERN:

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DESCRIBE YOUR HORSE'S DAILY DIET: (TYPE, QTY., BRAND, FREQUENCY ETC.- INCLUDE FREE CHOICE)

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YOUR HOOFCARE SCHEDULE AND HOOFCARE PROVIDER:

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DESCRIBE YOUR EFFORTS THUS FAR TOWARD IMPROVING SOUNDNESS

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PLEASE PROVIDE THE FOLLOWING PHOTOS FOR EACH HOOF (NAME IMAGES CORRESPONDING)

Note: Camera should be at the same level as the hoof (close to ground) – except solar view

<input type="checkbox"/> Solar (camera aim perpendicular to sole)	<input type="checkbox"/> Lateral (camera pointed at outside wall)
<input type="checkbox"/> Frontal (Camera pointed at front of hoof)	<input type="checkbox"/> Caudal (camera pointed at back of hoof)
<input type="checkbox"/> Whole body (with horse on level ground)	<input type="checkbox"/> Any other reference image