

Healthsource Chiropractic Of St Cloud ~ Dr. Melissa Loidolt, DC

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**HORSE INFORMATION & HISTORY**

Name: \_\_\_\_\_ Owner's name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Tattoos, Brands, Microchips \_\_\_\_\_

Facility Name & Address: \_\_\_\_\_

Discipline: \_\_\_\_\_

Is horse presently under veterinary care: No \_\_\_\_\_ Yes \_\_\_\_\_

What is the veterinarian's name and phone number? \_\_\_\_\_

If the horse is currently being seen for any specific conditions, please describe: \_\_\_\_\_

Current medications: \_\_\_\_\_

Is the horse currently being seen by any other health care professional? If so, please list: \_\_\_\_\_

When were the horse's teeth last floated? \_\_\_\_\_

When was the horse last seen by the farrier? \_\_\_\_\_

Is your horse currently on any supplements? If so, please list: \_\_\_\_\_

Please list any past injuries, significant illness, or surgeries: \_\_\_\_\_

Please describe current problem or reason for seeking chiropractic care: \_\_\_\_\_

What goals do you hope to achieve through chiropractic care? \_\_\_\_\_