



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? _____