Equine Behaviour Client Questionaire:

Name:

Address:

Phone number and Email:

Date:

Veterinary Practice name:

Practice address:

Referral form and clinical notes attached: Y / N

If No to above then please give permission for me to request referral and history from your vet:

Y / N

Horses name:

Age:

Gender:

Insured: Y / N

How long have you owned the horse?:

Any known history about horse before you purchased?:

Please briefly describe your horses daily routine:

Whats your horses daily diet?:

Please list any medications/supplements your horse is having?:

How often do you work your horse and what sort of work do you do?:

Please describe briefly your horses problem/problems and when you first noticed?:

(You may need to continue on another sheet)

If you have tried to correct the behaviour please explain what you have done and if it has helped:

Please attach any photos/videos that may be of interest.

I consent to Nicola Mason the Horse Behaviour Vet possessing and storing the information I have provided for the purposes of supplying behaviour consultation services: Y / N

Signature:

Date:

Please return this form to nicolamason@horsebehaviourvet.com

Thankyou