



CLIENT & HORSE HISTORY

THERMOGRAPHY INTAKE FORM



CLIENT NAME: _____

CLIENT ADDRESS: _____

CLIENT CITY: _____ CLIENT STATE: _____ CLIENT ZIP: _____

CLIENT PHONE: (H): _____ (C): _____

CLIENT EMAIL: _____

HORSE NAME: _____

BREED: _____ COLOR: _____ AGE: _____

GENDER: _____ DISCIPLINE: _____

HORSE STABLED AT: _____

VETERINARIAN: _____

VET ADDRESS: _____

VET CITY: _____ STATE: _____ ZIP: _____

VET PHONE: _____ VET EMAIL: _____

LAST VISIT (approximate): _____

REASON FOR VISIT:

CURRENT MEDICATIONS:

FARRIER: _____ LAST VISIT: _____

LAST TRIMMED/SHOD: _____ TRIM/SHOEING CYCLE: ___6WKS ___8WKS ___10WKS
WORK DONE:

SHORT HISTORY ON HORSE: (include any lameness issues, saddle issues, soreness etc.)

If lame; how long: _____

TREATMENTS: _____

REASON FOR SCAN:

NOTE: Please complete intake form to the best of your ability. The information provided in this form will help the evaluating Veterinarian/Farrier to better understand the patient and can help direct recommendations based on previous or noted conditions. You can email directly to your thermographer or bring completed form to survey.