

Denise Bean-Raymond  
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Client	
<b>Client Name:</b>	
<b>Phone # (Cell):</b>	
<b>E-Mail:</b>	
<b>Billing Address:</b>	
<b>Location of Horse:</b>	
<b>Best Time to Treat Horse:</b>	

Horse		
<b>Horse Name:</b>		
<b>Age:</b>	<b>Gender:</b>	<b>Breed:</b>
<b>Horse's Life History:</b>		
<b>How Long Have You Had Horse:</b>	<b>Discipline:</b>	
<b>Frequency &amp; Duration of Riding:</b>		
<b>Bite or Kick (for safety):</b>		
<b>Ticklish/Sensitive:</b>		

History	
<b>Have You Had Saddle Fitted:</b>	<b>How Long Ago:</b>
<b>Results:</b>	
<b>Feed(s):</b>	
<b>Supplements:</b>	
<b>Hay:</b>	<b>Grass:</b>
<b>Water:</b>	
<b>Is Visit Maintenance or Current Problem:</b>	
<b>(If Issue) Has Vet been out? If so, Their Thoughts:</b>	
<b>What is the Health History of Your Horse? Briefly Please:</b>	