

Folkman Ranch Inc Hoof Care Evaluation

PART ONE, owner supplied information

www.folkmanranch.com

Owner Information

Name (horse owner) _____ Date ____ - ____ - ____

Address _____ Address _____

(owner) _____ (horse) _____

Phone _____

Horse Information (information as per owner)

Horse's Name _____ Color _____ Age _____

Sex _____ Breed _____ Hands _____ Weight _____

Is horse current with: Vaccination _____ Wormer _____

Does horse need sedation for hoof care _____

Environment: Turn Out Hrs.(daily) _____ Stalled Hrs.(daily) _____

Horse's Main Use (trail, performance, etc) _____

Horse's Current Diet (hay, grain, pasture, etc) _____

Past Foot Problem _____

Current Foot Problem _____

Permission is given to make unlimited copies of this FRI record keeping page for your own use only, not for resale.

PART ONE, owner supplied information PART TWO, evaluation information 4/21/2008 | Folkman Ranch Inc