

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 _____

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

Folkman Ranch Inc Hoof Care Evaluation

PART TWO, evaluation information

www.folkmanranch.com

Location _____ Time _____ Date ____ - ____ - ____

Horse's Name _____ Visit # _____

Front, Conformation _____

Landing (Heel First, Flat, or Toe First) _____

Rear, Conformation _____

Landing (Heel First, Flat, or Toe First) _____

Start _____ End _____

Total Labor _____ (HRS.)

Shoes _____ Pads _____

Gel _____ Line Dis. _____

Misc. _____

Barn Call _____

Total \$ _____ Paid

BEFORE Information

MEASUREMENTS OBSERVATIONS

	Left Front	Right Front	Left Hind	Right Hind
Heel Height	LF _____	RF _____	LH _____	RH _____
Heel Bulb to Buttress	LF _____	RF _____	LH _____	RH _____
Heel Bulb to Apex	LF _____	RF _____	LH _____	RH _____
Heel Bulb to Toe	LF _____	RF _____	LH _____	RH _____

Coronet Band LF _____ RF _____ LH _____ RH _____

Hoof Wall LF _____ RF _____ LH _____ RH _____

Frog LF _____ RF _____ LH _____ RH _____

Sole / Line LF _____ RF _____ LH _____ RH _____

NOTES: _____

AFTER Information

MEASUREMENTS

	Left Front	Right Front	Left Hind	Right Hind
Heel Height (Shoe, No Shoe)	LF _____	RF _____	LH _____	RH _____
Heel Bulb to Buttress	LF _____	RF _____	LH _____	RH _____
Heel Bulb to Breakover	LF _____	RF _____	LH _____	RH _____
Hoof Width	LF _____	RF _____	LH _____	RH _____
Coronet to Breakover	LF _____	RF _____	LH _____	RH _____
Heel Bulb to Back of Shoe	LF _____	RF _____	LH _____	RH _____

Shoe Left Front: New or Reset Size ____ Type _____ Pad _____ ID _____

Shoe Right Front: New or Reset Size ____ Type _____ Pad _____ ID _____

Shoe Left Hind: New or Reset Size ____ Type _____ Pad _____ ID _____

Shoe Right Hind: New or Reset Size ____ Type _____ Pad _____ ID _____

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Recommend next visit: **Four weeks** **Five weeks** **Six weeks** **Seven weeks** **Eight weeks**

Folkman Ranch Inc After Care Work Sheet

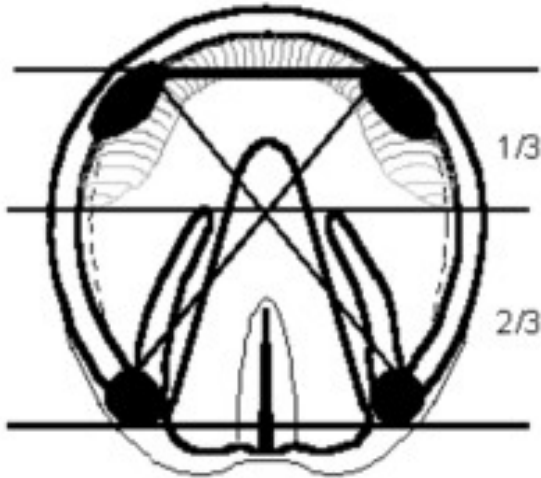
www.folkmanranch.com

Horse's Name: _____

Date ____ - ____ - ____

Left Front

- | | |
|--|---|
| <ul style="list-style-type: none"> ➤ Gel ➤ Hardener ➤ Line Dis. ➤ Treat Frog | <p style="text-align: right;">Rasp</p> <ul style="list-style-type: none"> <li style="text-align: right;">-Medial <li style="text-align: right;">- Lateral <li style="text-align: right;">-Toe <li style="text-align: right;">- Heel |
|--|---|

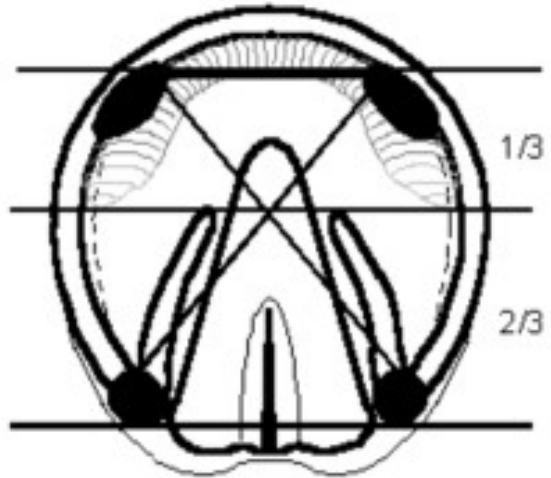


Lateral

Medial

Right Front

- | | |
|--|---|
| <ul style="list-style-type: none"> ➤ Gel ➤ Hardener ➤ Line Dis. ➤ Treat Frog | <p style="text-align: right;">Rasp</p> <ul style="list-style-type: none"> <li style="text-align: right;">-Medial <li style="text-align: right;">- Lateral <li style="text-align: right;">-Toe <li style="text-align: right;">- Heel |
|--|---|



Medial

Lateral

Left Hind

- | | |
|--|---|
| <ul style="list-style-type: none"> ➤ Gel ➤ Hardener ➤ Line Dis. ➤ Treat Frog | <p style="text-align: right;">Rasp</p> <ul style="list-style-type: none"> <li style="text-align: right;">-Medial <li style="text-align: right;">- Lateral <li style="text-align: right;">-Toe <li style="text-align: right;">- Heel |
|--|---|

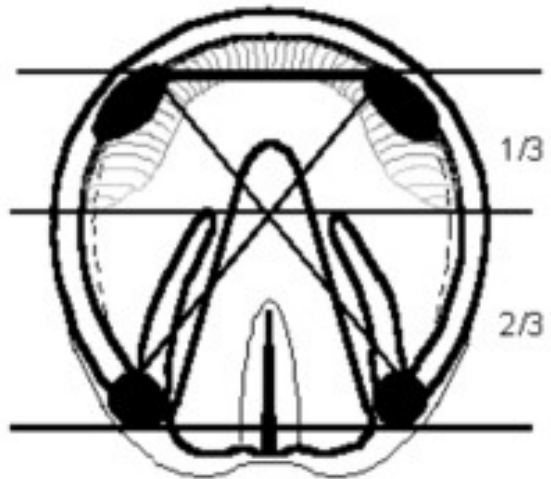


Lateral

Medial

Right Hind

- | | |
|--|---|
| <ul style="list-style-type: none"> ➤ Gel ➤ Hardener ➤ Line Dis. ➤ Treat Frog | <p style="text-align: right;">Rasp</p> <ul style="list-style-type: none"> <li style="text-align: right;">-Medial <li style="text-align: right;">- Lateral <li style="text-align: right;">-Toe <li style="text-align: right;">- Heel |
|--|---|



Medial

Lateral

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