



# For Love of the Horse

## Support Service Questionnaire

### Caretaker/Horse Information (please print or type)

Name			
Address			
City	State	Zip	
Telephone			Fax
E-Mail			
Horse/Pony Name			
Breed	Sex	Weight	

### Reason for contact

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### When did you first notice these signs/symptoms?

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### Feeding Program:

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### List all Medications, herbs, or supplements being used:

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### Recent Vaccinations:

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My horse/pony is: Barefoot \_\_\_\_\_ Shod: \_\_\_\_\_

### Chronically Sore hooves?

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### When and how often?

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### Example of Movement Activity at present state:

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**Example of Movement Activity prior to ailment in question:**

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**Has your horse ever had a laminitic episode?**

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**If so, what was the approximate date of the first laminitic episode?**

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**Treatment Program Used:**

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**If so, what was the approximate date of the most recent laminitic episode?**

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**Treatment Program Used:**

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**Does your horse/pony now or in the past have/had:**

Edema/Fluid swelling in the chest, belly legs, shoulders?

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If yes, when, where and how often?

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Distended Belly?

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If yes, when and how often?

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Loose or liquid stool?

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If yes, when and how often?

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Runny Eyes?

If yes, when and what texture and/or color?

Runny Nose?

If yes, when and what texture and/or color?

Loss of Appetite?

If yes, when?

Stiff Hindquarters?

If yes, when did symptoms start? What time of day or year is your horse most stiff? Does walking help?

**I have the following herbal solutions on hand now:**

**Additional Comments, Questions and/or Concerns**

Many of you may be familiar with working with herbs and our Herbal Solutions and will not need either of these services to choose the best Solutions for your horse. If you have questions that Customer Service is able to assist you with, please feel free to call 866-537-7336 or email [contactus@forloveofthehorse.com](mailto:contactus@forloveofthehorse.com).