



BARNYARD CHIROPRACTIC

DR. NATALIA LAVALLIE
AVCA CERTIFIED ANIMAL
CHIROPRACTOR

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BARNYARDCHIROPRACTIC.COM

HORSE INFORMATION

Name:	Breed:	Color/Markings:
Birthdate:	<input type="checkbox"/> Colt <input type="checkbox"/> Filly <input type="checkbox"/> Gelding <input type="checkbox"/> Mare <input type="checkbox"/> Stallion	Approximate weight:

CLIENT CONTACT INFORMATION

Name:	Cell Phone:	
Email:	<i>Appointment confirmations are emailed 3 days before scheduled day/time</i> OK to Text? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address:		
City:	State:	Zip:
Name of Boarding Facility <i>(if applicable)</i> :	Phone:	
Name of Trainer <i>(if applicable)</i> :	Phone:	
Who may we thank for referring you to Barnyard Chiropractic?		

HORSE HEALTH HISTORY INFORMATION

Veterinarian:	Phone:
What is the primary reason for seeking chiropractic care for your horse?	
How long have you owned/known your horse?	
Please list and describe any injuries, illnesses, and/or conditions:	
Please list vaccinations given in the last year with dates:	
Date of last farrier appointment:	Date teeth were last floated:

Please describe daily feeding schedule including type of feed, hay/grain frequency, and supplements:

Please describe training schedule including riding discipline, frequency, and intensity:

Name of saddle fitter:

Date of last saddle fitting:

IN CASE OF EMERGENCY

Emergency Contact:

Cell Phone:

The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance. I also authorize Barnyard Chiropractic to release any information required to coordinate care for my animal with my veterinarian.

Print name

Signature

Date