

East Coast Hoof and Wellness Center

"Pride, Knowledge and Cooperation"

Owner Information

Horse Name: _____ Farm Name: _____
 Color: _____ Farm Address: _____
 Breed: _____ Owner Name: _____
 Gender: _____ Owner Phone: _____
 Age: _____ Trainer Name: _____
 Trainer Phone: _____
 Vet Name: _____
 Vet Phone: _____

Digital Gauge <u>Before</u> <u>After</u> LF- LF- RF- RF- LH- LH- RH- RH-	Metal Gauge <u>Before</u> <u>After</u> LF- LF- RF- RF- LH- LH- RH- RH-	Digital Gauge w/o Shoe <u>Before</u> <u>After</u> LF- LF- RF- RF- LH- LH- RH- RH-
Digital Gauge w/o Shoe Trimmed <u>Before</u> <u>After</u> LF- LF- RF- RF- LH- LH- RH- RH-	Toe Length <u>Before</u> <u>After</u> LF- LF- RF- RF- LH- LH- RH- RH-	Additional Farrier Information
LF Notes:		
RF Notes:		
LH Notes:		
RH Notes:		

Shoe Type

Previously Worn	Shoes Applied
Front: _____	Front: _____
Hind: _____	Hind: _____

Latest Visit: __/__/__
 Next Visit: __/__/__
 Initial Balance Due: _____
 Behavior: _____

Attending Farrier: _____
 Attending Vet: _____
 Attending Trainer: _____
 Barn Conditions: _____