

CLIENT _____

Address: _____

Home Phone: _____

Cell Phone: _____

HORSE NAME _____

Horse Location: _____

Directions: _____

Gender: _____

Breed: _____

Color/Markings: _____

Fly Spray: Y N

Kicks: Y N

Bites: Y N

Ties: Y N

Other: _____

Horse's History (Provided by owner): _____

Current shoes & other materials: _____

Front Left			
Angle	Start	End	
Length	Strat	End	Frog Length
Width	Start	End	

Front Right			
Angle	Start	End	
Length	Strat	End	Frog Length
Width	Start	End	

Initial Assessment/Notes

Rear Left			
Angle	Start	End	
Length	Strat	End	Frog Length
Width	Start	End	

Rear Right			
Angle	Start	End	
Length	Strat	End	Frog Length
Width	Start	End	

Finished Assessment:

Shoe Info.

Start Finish Changes

Front: _____

Back: _____