

Dr. Lynn (Lynie) K. Stone, B.S. D.C., FIAMA, CAC ~ 520-490-9696 ~ Animal Chiropractor Certified by the ACCC of the  
AVCA

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Critter's Name: \_\_\_\_\_ Species: EQUINE Gelding Mare Stallion

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (home/work): \_\_\_\_\_

Do you text message? YES or No (please circle one)

Email Address: \_\_\_\_\_

Invoice emailed to you? YES or NO (please circle one)

Who is your regular Veterinarian? \_\_\_\_\_

Clinic Name / Phone# \_\_\_\_\_

Do you want your DVM to receive my SOAP note for their records? YES or NO

Who is your regular Shoer/Ferrier/Trimmer? \_\_\_\_\_

Any current medical problems currently being treated by your DVM?

\_\_\_\_\_

Is your pet currently taking any medications? YES or NO

Is your pet currently taking any supplementations: YES or NO

If yes, please list medications/supplements you are giving your pet:

\_\_\_\_\_

Has your pet had any injuries/incidents/experiences that you are aware of? If yes, share below: \_\_\_\_\_

\_\_\_\_\_

Is your horse receiving any other bodywork at this time or in the past? If so, what?

\_\_\_\_\_

Please Sign and Date: \_\_\_\_\_