



**Spirit Horse Enterprises  
Equine Herbal Consultation**

**Print & Mail or Fax to:**  
**Box 130 Botha, Alberta T0C 0N0**  
**T/F: (403) 742-3853**  
**www.spirithorseent.com**

Contact: \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Type of Work: \_\_\_\_\_  
 Health Issues: \_\_\_\_\_

Diet of Horse: \_\_\_\_\_

List any drugs, medications, and supplements with amounts: \_\_\_\_\_

List of traumas (physical & emotional) surgeries, major illnesses with dates & outcomes: \_\_\_\_\_

General mental state: \_\_\_\_\_

Stabling conditions: \_\_\_\_\_

Select any that apply:

<p><b>ST/SP</b></p> <p><input type="checkbox"/> <i>colic - describe with dates</i></p> <hr/> <p><input type="checkbox"/> <i>Stones</i></p> <p><input type="checkbox"/> <i>Diarrhea</i></p> <p><input type="checkbox"/> <i>Loose or watery stools</i></p> <p><input type="checkbox"/> <i>Hay belly/abdominal bloating</i></p> <p><input type="checkbox"/> <i>Bloated appearance</i></p> <p><input type="checkbox"/> <i>Stomach ulcers</i></p> <p><input type="checkbox"/> <i>Low body weight</i></p> <p><input type="checkbox"/> <i>Decreased appetite</i></p> <p><input type="checkbox"/> <i>Bleeds easily</i></p> <p><input type="checkbox"/> <i>Fatigued/lack luster</i></p> <p><input type="checkbox"/> <i>Prolapses</i></p> <p><input type="checkbox"/> <i>Worries</i></p> <p><b>LU/LI</b></p> <p><input type="checkbox"/> <i>Easily catches colds</i></p> <p><input type="checkbox"/> <i>Frequent respiratory infections</i></p> <p><input type="checkbox"/> <i>Coughs</i></p> <p><input type="checkbox"/> <i>Wheezes</i></p> <p><input type="checkbox"/> <i>Heaves</i></p> <p><input type="checkbox"/> <i>Shallow breathing</i></p> <p><input type="checkbox"/> <i>Dry skin</i></p> <p><b>HT/SI</b></p> <p><input type="checkbox"/> <i>Very thirsty</i></p> <p><input type="checkbox"/> <i>Hot feet</i></p> <p><input type="checkbox"/> <i>Sore throat</i></p> <p><input type="checkbox"/> <i>Dislike of hot weather</i></p> <p><input type="checkbox"/> <i>Overheats easily</i></p> <p><input type="checkbox"/> <i>Gum problems</i></p> <p><input type="checkbox"/> <i>Tongue sores</i></p> <p><input type="checkbox"/> <i>Skin eruptions/hives</i></p> <p><input type="checkbox"/> <i>Cycts/tumors</i></p>	<p><b>LV/GB</b></p> <p><b>Eyes:</b></p> <p><input type="checkbox"/> <i>Dry eyes</i></p> <p><input type="checkbox"/> <i>Red eyes</i></p> <p><input type="checkbox"/> <i>Watery eyes</i></p> <p><input type="checkbox"/> <i>Eye infections</i></p> <p><input type="checkbox"/> <i>Poor eyesight</i></p> <p><input type="checkbox"/> <i>Sensitive to light</i></p> <p><input type="checkbox"/> <i>Sensitive to wind</i></p> <p><b>Skin:</b></p> <p><input type="checkbox"/> <i>Eczema - damp skin</i></p> <p><input type="checkbox"/> <i>Dry itchy skin</i></p> <p><input type="checkbox"/> <i>Warts</i></p> <p><b>Personality:</b></p> <p><input type="checkbox"/> <i>Nervousness</i></p> <p><input type="checkbox"/> <i>Irritability</i></p> <p><input type="checkbox"/> <i>Easy to anger</i></p> <p><input type="checkbox"/> <i>Frustration</i></p> <p><input type="checkbox"/> <i>Depression</i></p> <p><input type="checkbox"/> <i>Jealousy</i></p> <p><input type="checkbox"/> <i>Flank tenderness/pain</i></p> <p><input type="checkbox"/> <i>Cinchy</i></p> <p><input type="checkbox"/> <i>Mares</i></p> <p><input type="checkbox"/> <i>Irregular cycles</i></p> <p><input type="checkbox"/> <i>Mood changes</i></p> <p><b>Hoof Condition:</b></p> <p><input type="checkbox"/> <i>Dry</i></p> <p><input type="checkbox"/> <i>Cracks</i></p> <p><input type="checkbox"/> <i>Hard</i></p> <p><input type="checkbox"/> <i>Soft</i></p> <p><input type="checkbox"/> <i>Slow growing</i></p> <p><input type="checkbox"/> <i>Dished</i></p> <p><input type="checkbox"/> <i>Ridges</i></p>	<p><input type="checkbox"/> <b>Founder/Laminitis</b></p> <p><i>date:</i> _____</p> <p><i>currently:</i> _____</p> <p><b>KU/UB</b></p> <p><i>Hair: describe</i></p> <p><i>mane/tail:</i> _____</p> <p><i>body hair:</i> _____</p> <p><i>add'l hair comments:</i> _____</p> <hr/> <p><b>Edema/Stocking up:</b></p> <p><i>location:</i> _____</p> <hr/> <p><input type="checkbox"/> <i>Lumbar Pain (lower back)</i></p> <p><input type="checkbox"/> <i>Hind end weakness</i></p> <p><input type="checkbox"/> <i>Tender on Palpation</i></p> <p><input type="checkbox"/> <i>Sore/weak hocks</i></p> <p><input type="checkbox"/> <i>Premature aging</i></p> <p><input type="checkbox"/> <i>Dislike of cold</i></p> <p><input type="checkbox"/> <i>Frequent urination</i></p> <p><input type="checkbox"/> <i>Color of urine</i></p> <p><input type="checkbox"/> <i>Kidney stones</i></p> <p><input type="checkbox"/> <i>Perspires very easily</i></p> <p><input type="checkbox"/> <i>Cold extremities</i></p> <p><input type="checkbox"/> <i>Rapid weight changes</i></p> <p><input type="checkbox"/> <i>Loose or lost teeth</i></p> <p><input type="checkbox"/> <i>Reduced sexual energy</i></p> <p><input type="checkbox"/> <i>Increased sexual energy</i></p> <p><input type="checkbox"/> <i>Infertility</i></p> <p><input type="checkbox"/> <i>Difficult pregnancies</i></p> <p><input type="checkbox"/> <i>Hypothyroid</i></p> <p><input type="checkbox"/> <i>Poor concentration</i></p> <p><input type="checkbox"/> <i>Fatigue</i></p> <p><i>If yes, please describe:</i> _____</p> <p><input type="checkbox"/> <i>Drinks a lot</i></p>
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