**Deep Creek Veterinary Services**

**Equine Behaviour Consult Form**

**Client details**

Name

Home address

Contact phone number

Email address

How long have you been riding horses

What discipline do you do with your horses (ie., jumping, trail ride, etc).

**Horse Details**

Name

Age

Breed

Colour

Sex

How long have you owned this horse?

Explain in detail the issues you are having with this horse.

What things have you or anyone else tried to remediate this issue?

Has you veterinarian examined this horse and if yes what were the findings?

Describe a day in the life of your horse (when and what does he eat, where is he housed, is he kept alone or with companions, how big is the turnout, how often is he ridden and what type of riding).

Are you afraid of this horse?

Additional problems or comments