



***TNT Quarter Horses LLC***

Intake Questionnaire                      Date:  
Owner:    Horse:  
Age:     Breed:  
Age started under saddle:  
Training/ competition history:

Last deworming:  
Product:

Date of last dental:  
Provider:

Current Hoofcare Provider:

Known physical issues:

Dates physical issues appeared:

Known behavioral issues:

Date behavioral issues appeared:

Any diagnostic work:

Please provide reports and imaging



***TNT Quarter Horses LLC***

Intake Questionnaire

Date:

Owner:

Horse:

Current diet:

Current medications and reason for medications:

Current living situation? (in a herd, stall, turnout, size of turnout, amount of daily turnout, etc)

Your major concerns:

How long have you owned the horse:

What is your riding / equine background: