

HOOF CONDITION REPORT

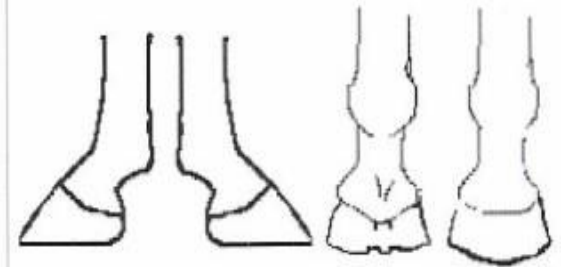
Date of Appointment: _____ Next Appointment Needed In: _____
 Equine Owner's/Caretaker's Name: _____
 Farrier's Name: _____ Certified: YES ___ NO ___ Farrier's #: _____
 Equine's Information: Breed - _____ Sex - _____ Color - _____
 Markings - _____

Score (by number) each area below as follows, according to the condition of the hooves prior to farrier care:

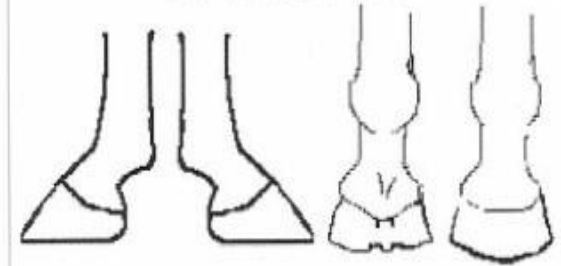
- Satisfactory (Good condition) = 3
- Adequate (Acceptable condition) = 2
- Questionable (Required attention) = 1
- Unacceptable (Required IMMEDIATE attention) = 0
- Does not apply or condition does not exist = NA

CONDITION / DESCRIPTION	#	ADDITIONAL DESCRIPTION / NOTES
QUARTER/TOE/SAND/HEEL CRACKS		
OVERALL CONDITION		
CHIPPED		
RIDGES (Note approximate age of ridges)		
MALFORMED HOOVES		
CONTRACTED HOOVES		
CONDITION OF FROG		
CONDITION OF SOLE		
CONDITION OF HOOF WALL		
THRUSH		
SOLE BRUISING		
ABSCESSSES		
PUNCTURES / WOUNDS		
SHEERED HEELS		
LAMINITIS (Founder)–ACUTE / CHRONIC		
AMOUNT OF TOE		
AMOUNT OF HEEL		
OVERALL LENGTH		
WHITE LINE DISEASE		
OTHER...		

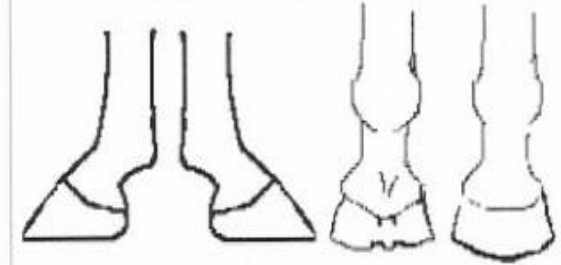
Note all cracks, scars, and other abnormalities below...
LEFT FORE FOOT



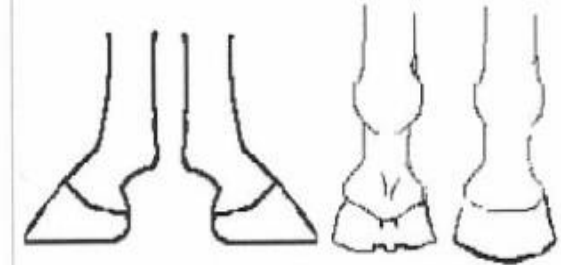
LEFT HIND FOOT



RIGHT FORE FOOT



RIGHT HIND FOOT



Summary of hoof care, conditions, and treatment discussed with equine owner/caretaker:

Summary of any specific treatment / supplement recommended for a present condition prior to next appointment:

Summary of overall assessment of this equine's hooves:

FARRIER'S SIGNATURE: _____

DATE: _____