## Laminitic Rehabilitation – PB Rehab, Retirement and Ridden Paddock Paradise Livery

Please fill out the following form in full to the best of your ability. Once completed, please send the form back to us via our email address – info@pbpaddockparadiselivery.com

Full name:	
Address:	
Telephone:	
Name of equine:	
Breed:	
Age:	
Height:	
Has your horse had a recent diagnosis of Laminitis from a Vet, Farrier, Hoof Care Practitioner or other professional?	
What is the severity of your horse's Laminitis?	
Please provide an up-to-date description of their symptoms.	
Has your horse had Laminitis before?	
Does your horse have any other medical conditions such as EMS (Equine Metabolic Syndrome)?	

To the best of your knowledge, how long has your horse had active Laminitis for?	
Does your horse currently have any variation of shoes, wedges, pads or boots on?	
If so, please state length of time.	
Do you currently use a Farrier, Equine Podiatrist, Barefoot Trimmer or Hoof Care Practitioner?	
What medication is your horse on? (if any)	
What treatments have you tried for Laminitis?	
For example – box rest and remedial shoeing.	
Please provide a rough description of how your horse was kept when a Laminitic episode was triggered.	
For example – my horse was turned out onto a paddock of short grass during the day and bought in to a stable at night. The paddock was old cow pasture.	

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To your knowledge, does your	
horse have any obvious hoof	
deformities?	
Have your horse been on a	
track system before?	
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With your horse's best interest	
in mind, are you willing to	
make any changes necessary to	
their diet, environment,	
management and trim for their	
return home to you?	
return nome to you:	
Do you have any additional info	rmation you would like to add? If yes, please do so in the box below.
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