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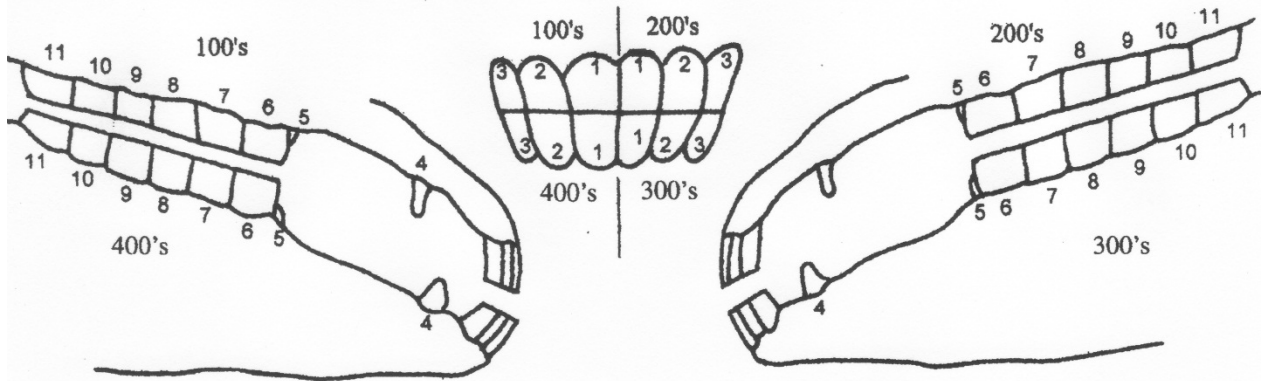
HORSE _____ BREED _____ AGE _____ SEX _____

OWNER _____ CONDITION _____ LAST DENTAL _____

ADDRESS _____

HISTORY: WEIGHT LOSS FIGHTS BIT HEAD TOSSING DROPS GRAIN CRIBBER

BAD BREATH QUIDS HAY GRINDS TEETH OTHER _____



NOTES: _____

BASIC FLOAT _____ WOLF TEETH _____ RAMPS _____

PERFORMANCE FLOAT _____ INCISORS REDUCTION _____

BIT SEATS _____ OTHER _____

RETAINED CAPS _____ WAVE REDUCTION _____

SEDATION _____

_____ BUTE _____ TOTAL _____

RECOMMENDATIONS: _____
