

Please provide the indicated information to aid in the assessment of whether Twin™ Shoes are a good option for your horse. The more detailed information that you can provide, the more accurate the assessment will be.

**Download this form and view example photos and gait videos at:  
[BartekQR.com/Assessment](http://BartekQR.com/Assessment) or Scan the QR Code**



**Return completed form to: [info@BartekEquine.com](mailto:info@BartekEquine.com)**

		<b>Date:</b>	Date		
<b>1. Owner Contact Info</b>	<b>Name:</b>	Type Here			
	<b>Address:</b>	Type Here			
	<b>Phone Nr:</b>	Type Here			
	<b>Email:</b>	Type Here			
<b>2. Horse Info</b>	<b>Name:</b>	Type Here			
	<b>Age:</b>	<b>DOB:</b>	Type Here	<b>Years:</b>	Type Here
	<b>Breed:</b>	Type Here			
	<b>Gender:</b>	Type Here			
	<b>Color:</b>	Type Here			
	<b>Discipline(s) and Level(s)</b>	Type Here			
	<b>Stable Name and Location:</b>	Type Here			
	<b>Current workload:</b>	<i>Specify type, duration, and frequency of activity:</i> Type Here			
<b>3. Vet Info</b>	<b>Name:</b>	Type Here			
	<b>Co./Org Name:</b>	Type Here			
	<b>Address:</b>	Type Here			
	<b>Phone:</b>	Type Here			
	<b>Treating Since:</b>	Type Here			
	<b>Currently Treating:</b>	Type Here			
<b>4. Farrier / Shoeing Info</b>	<b>Name:</b>	Type Here			
	<b>Co. Name:</b>	Type Here			
	<b>Address:</b>	Type Here			
	<b>Phone:</b>	Type Here			



	<b>Shoeing Since:</b>	Type Here
	<b>Current shoeing</b>	<i>Specify weeks/cycle, shoe type, shoe size, usage of pads, silicone, etc...:</i> Type Here
	<b>Previous shoeing</b>	<i>Specify if different from current shoeing:</i> Type Here
<b>5. Medical Info</b>	<b>Describe current concerns/problem</b> and pertinent medical history (lameness, performance issue, hoof/limbal/axial skeletal pathology, current diagnose, etc):	
	Type Here	
	<b>Describe current and recent treatment(s) over the past 6 months:</b>	
		Type Here

Profile Reports/Photos/Digital Imaging/Video Checklist continued on Page3...

<b>CHECKLIST Documents   Photos   Digital Imaging   Videos</b>							
Please provide all readily available or easily obtainable Vet documentation, Photos, Imaging and Videos. Complete or Check all boxes that apply							
<b>6. Vet Visit Summary or Notes</b>	<b>Date #1</b>	Type Here					
	<b>Date #2</b>	Type Here					
	<b>Date #3</b>	Type Here					
<b>7. Photos</b>	<i>See Bartek Hoof Photo Guide for examples of photo best practices</i>						
	<b>Full Body</b>	<b>Front</b>	<input type="checkbox"/>		<b>Left Side</b>	<input type="checkbox"/>	
		<b>Rear</b>	<input type="checkbox"/>		<b>Right Side</b>	<input type="checkbox"/>	
	<b>Hoofs</b>			<b>Front</b>		<b>Rear</b>	
				<b>Left</b>	<b>Right</b>	<b>Left</b>	<b>Right</b>
		<b>Front</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>Lateral Side</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>Medial Side</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>Rear</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Solar</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Bird's Eye</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>8. Digital Imaging</b>	<b>X-rays / Radiographs</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Ultrasound</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>MRI</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>CT</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Scintigraphy</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>9. Videos For Gait Analysis</b>	<i>See Bartek Gait Video Guide for examples of video best practices</i>						
	<b>Walk Straight Line – Hard Ground</b>	<b>Hoof Landing Pattern - Toward View</b>		<input type="checkbox"/>			
		<b>Hoof Landing Pattern – Left Side View</b>		<input type="checkbox"/>			
		<b>Hoof Landing Pattern – Right Side View</b>		<input type="checkbox"/>			
	<b>Trot – Hard Ground</b>	<b>Straight Line – Away and Towards</b>		<input type="checkbox"/>			
		<b>Circle Left</b>		<input type="checkbox"/>			
		<b>Circle Right</b>		<input type="checkbox"/>			
	<b>Trot – Soft Ground</b>	<b>Circle Left</b>		<input type="checkbox"/>			
<b>Circle Right</b>		<input type="checkbox"/>					