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 or Scan the QR Code***

***Return completed form to: info@BartekEquine.com***

|  |  |
| --- | --- |
| **Date:** | Date |
| 1. **Owner Contact Info**
 | **Name:** | Type Here |
| **Address:** | Type Here |
| **Phone Nr:** | Type Here |
| **Email:** | Type Here |
| 1. **Horse Info**
 | **Name:** | Type Here |
| **Age:** | **DOB:** | Type Here | **Years:** | Type Here |
| **Breed:** | Type Here |
| **Gender:** | Type Here |
| **Color:** | Type Here |
| **Discipline(s) and Level(s)** | Type Here |
| **Stable Name and Location:** | Type Here |
| **Current workload:** | ***Specify type, duration, and frequency of activity:*** |
| Type Here |
| 1. **Vet Info**
 | **Name:** | Type Here |
| **Co./Org Name:** | Type Here |
| **Address:** | Type Here |
| **Phone:** | Type Here |
| **Treating Since:** | Type Here |
| **Currently Treating:** | Type Here |
| 1. **Farrier / Shoeing Info**
 | **Name:** | Type Here |
| **Co. Name:** | Type Here |
| **Address:** | Type Here |
| **Phone:** | Type Here |
| **Shoeing Since:** | Type Here |
| **Current shoeing** | *Specify weeks/cycle, shoe type, shoe size, usage of pads, silicone, etc…:* |
| Type Here |
| **Previous shoeing** | *Specify if different from current shoeing:* |
| Type Here |
| 1. **Medical Info**
 | **Describe current concerns/problem** and pertinent medical history (lameness, performance issue, hoof/limbal/axial skeletal pathology, current diagnose, etc: |
| Type Here |
| **Describe current and recent treatment(s) over the past 6 months:** |
| Type Here |

*Profile Reports/Photos/Digital Imaging/Video Checklist continued on Page3…*

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