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** |  | |  | | |  | | |  |
| **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** | |  | | | | | | | |