

Pegasus Clinic  
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### New Equine Chiropractic Information Sheet

**Please have this form ready at your first appointment, or email it prior to the appointment.**

**Owner's Info:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Horse info:**

Registered Name: \_\_\_\_\_  
Barn Name: \_\_\_\_\_  
Registration Number: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Gender: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Color: \_\_\_\_\_  
Purpose: \_\_\_\_\_

**Reason for Initial Exam:**

**Has a veterinarian looked at your horse for this problem in the past? What was their diagnosis? What therapies were tried?**

**Please have your horse caught and groomed prior to the appointment.  
We look forward to meeting you!**