



EQUINE

HOOF & DENTAL CARE NZ
PROVIDING OPTIMAL CARE FOR HORSES

Email: melissa@eqhc.co.nz
Website: www.eqhc.co.nz
Phone: 021 02578634
P.O Box 92 Okaihau 0447

Client and Horse(s) Information:

Owner Name (First/Last)
Phone Home:.....Cell.....Work.....
E-mail:.....Preferred way of Contact Phone / E-mail
Address

Name of Horse:.....Age:.....
Boarding Address (if different from above):
Gender:.....Breed:.....
Horse Owned Since:.....Lifestyle Growing up:.....
Lifestyle Growing up:.....
Current Lifestyle:.....Type of Use/Work:.....

Feeding - type of feed, frequency.....
- supplements (salt, minerals, etc).....
- worming.....Join Worming Program Yes / No

Shoeing/Trimming History - age first shod.....
- Shoeing/trimming problems.....
- hoof form in the past (if noticed)

Current Health/Lameness Problems:

Owner's Description.....
Vet Evaluation Description.....
Treatments.....X-rays Available Yes / No

EQHDC Recommending and Treatments:.....

Movement Amounts: 5km 10km 15km Daily leading Riding at Walking Trotting
Cantering, Straight line / Circles
Soaking Daily 20mins:.....ACV.....
Herd Life:.....
Whole food feeding/ Supplement:.....

Dentistry treatment Yes / No:.....
Trimming time Frame: 2 weekly, 4 weekly Owner Trimming:.....
Paddock Recommendation:

Body Pain:.....

Iagree that all this information is correct, and I understand my responsibility
As an owner and will do my best to full them for my horse(s) wellbeing and Health

Signature: _____ Date: _____



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Holistic Hoofcare Professional (HHP) Waiver/Release Form

I, _____, hereby acknowledge that I have been informed about and understand the process of transition to barefoot/physiologically correct hoof form and function of a horse according to the Strasser Method as developed by Hiltrud Strasser, DVM, of Germany. I am aware that this method differs from or contradicts conventional farrier and/or veterinary practices and opinions, and that periods of lameness and/or hoof abscess (possibly even inflammation of the corium and/or coffin bone rotation or drop, or, if severe metabolic organ damage was present, death of the horse) may occur even if my horse(s) was 'sound' before the first Strasser trim, and that up to 6 months of transition are required in ideal conditions, and possibly up to 2 or 3 years in other conditions, and it is my wish that my horse(s)

_____, be trimmed according to the Strasser Method as practised and advised by *Melissa Williams HHP*

I understand that *Melissa Williams* is not a veterinarian and that she does not perform any veterinary activities (such as diagnosing or treating any conditions or problems in the horse). For such activities I consult my veterinarian _____. I understand that an HHP merely provides advice on biologically correct living conditions for the horse and performs / teaches the correct trimming (according to the Strasser Method) of hooves to allow for successful transition to barefoot/physiologically correct hoof form and function.

I have received and understand the 'Strasser Method Guidelines' and I understand that I am responsible for following the advice of the HHP and providing my horse with proper living conditions (such as freedom of movement 24 hours a day, daily exposure of the horses' feet to water, sufficient movement daily on breed appropriate terrain, abstaining from the use of circulation-reducing or -inhibiting drugs etc) as advised by the HHP and laid out in 'A Lifetime of Soundness', and I understand that my failure to provide my horse(s) with these conditions, or to follow the advice of the HHP, may delay or prevent a successful transition to barefoot /physiologically correct hoof form and function. I also understand that a failure to keep my horses' hooves in proper shape, whether through regular trimming (at whatever intervals are necessary up to twice a week by a person trained in the Strasser Method of Hoofcare) or through sufficient natural wear, will likewise delay or prevent successful transition. I also understand that trimming a horse can be dangerous to my health.

I furthermore declare that I will not hold liable in any way and will indemnify *HHP Melissa Williams*, and/or Dr Hiltrud Strasser and her estate, for any damage to my property or property of Third Parties, or injury and/or death to my horse(s), myself or Third Parties, now and in the future, as may have been caused or deemed to have been caused by any action, advice, instruction or omission of the HHP *Melissa Williams* in the course of trimming, transition, or associated actions, or as a result of following their advice or instructions.

I understand that *Melissa Williams* is an *HHP* and has been qualified since July 2011 and is practising the methods of Dr Hiltrud Strasser according to the best of her current knowledge and ability.

I release any photos taken of my horse(s) hooves to be used *Melissa Williams*. as they deem useful.

Printed Name: _____

Signature: _____

Date: _____

Name: _____
