

# Spectrum of Usability Form

Client:	Horse:	Special Notes:
Address:	Breed:	
City:	Discipline:	
State:	Age:            Height:            Weight:	
Postal Code:	Color:            Gender:	
Phone Number:	Body Score:	
E-Mail		
Veterinarian:	<b>Qualified Spectrum Rating:</b>	
Previous Hoof Care Provider:		
Date:		

Foot	Frog/ Spine	Sole	A of B	Bars	Quarters	T o e	Cartilages/ Digital cushion	Averaged Totals	P u l s e	H o o f T e s t e r s
R F										
L F										
R H										
L H										

**Treatment Recommendations: See back for more information**

**Product Recommendations: See back for more information**

**Signature:**

**Next Appointment:**

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