

Applied Equine Podiatry
Diploma Level 1
Health Information

Name: _____

Address: _____

Phone Number: _____ Cell: _____

Email: _____

Do you have access to a computer for homework purposes? _____

Person to Contact in Case of Emergency: _____

Relationship to Student: _____

Phone Number: _____

Health Information:

Age: _____ Height: _____ Weight: _____

Right or Left Handed: _____

Do you have any health issues that we may need to address in helping you to achieve this certification, (hearing impairment, visual impairment, dyslexia, physical handicap) If so please explain:

Do you have any specific horsemanship training? If so, explain:

Have you ever done your own hoof trimming before? If yes, please explain with whom?

International Institute of Equine Podiatry, Inc.
Box 207 Kenton, DE 19955

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