

HORSE NAME \_\_\_\_\_ DATE \_\_\_\_\_

- 1** Does the veterinarian have facilities to see your horse ridden at their clinic, or are they prepared to come to a mutually convenient site where the horse can be evaluated moving in hand, on the lunge and ridden before and after nerve blocks?

Notes: \_\_\_\_\_

- 2** Is the veterinarian prepared to perform both forelimb and hind limb nerve blocks to ascertain the site(s) of pain?

Notes: \_\_\_\_\_

- 3** Is the veterinarian prepared to set aside a period of time so that a comprehensive set of nerve blocks can be performed until the horse is performing normally?

Notes: \_\_\_\_\_

- 4** Does the veterinarian have knowledge of and interest in the type of horse that you own and the work that you do with the horse?

Notes: \_\_\_\_\_

- 5** Does the veterinarian have a good working relationship between a saddle fitter, a farrier and a manual therapist (for example, a physiotherapist)?

Notes: \_\_\_\_\_