

HORSE INFORMATION & HISTORY

Owner's Name: _____

Horse's Name: _____

Breed: _____ Age: _____ Gender: _____

Color: _____ Markings: _____

Facility Name: _____

Discipline: _____ Trainer's Name: _____

Please describe current problem or reason for seeking treatment: _____

What goals do you hope to achieve through treatment? _____

Please list any past injuries, significant illness, or surgeries: _____

If the horse is currently being treated for any specific conditions (other than routine care) by a veterinarian, please describe and list treating veterinarian: _____

Is the horse currently being seen by any other health care professional (ie chiropractor, acupuncturist, massage therapist)? If so, please list and for what reason: _____

What is your horse's current level of activity (work & turnout)? _____

What type & amount of hay/grain/other feed? _____

Current medications: _____

Is your horse currently on any supplements? If so, please list: _____

When were the horse's teeth last floated? _____