



PO Box 901
4414 Route 20
Morrisville, NY 13408
315.684.6601
<http://equinerehab.morrisville.edu>

Client and Horse Information

GENERAL:

Date: _____

Horse: _____

Age: _____ **Sex:** _____ **Color:** _____

Breed: _____

Markings/Brand/Other Identification: _____

Owner Name: _____

Address: _____

Home Telephone: _____

Mobile Telephone: _____

Email Address: _____

Preferred method of contact/other contact information:

Authorized Health Care Decision-Makers: _____

Veterinarian: _____

Address: _____

Office and Mobile Telephone: _____

Email Address: _____

HORSE HEALTH HISTORY:

Chief Complaint: _____

Vaccinations:

Please provide dates of most recent vaccinations:

EEE/WEE/TET: _____ Rabies: _____

West Nile Virus: _____ Influenza/Rhino: _____

Strangles: _____ Other: _____

Deworming:

Brand: _____ Date Dewormed: _____

Brand: _____ Date Dewormed: _____

Brand: _____ Date Dewormed: _____

Fecal testing performed, including date and result: _____

Dental Care:

Practitioner/Last Date Dental Care Provided/Details of Dental Care:

Current Medications

(Note: Medications to be provided by Owner and Owner's Veterinarian, including refills):

Farrier Work, including farrier contact information, trimming and shoeing specifications:

Current exercise/training program, including name of trainer:

KNOWN HEALTH PROBLEMS:

Please note history of the following:

Colic	
Allergies	
Founder	
Unsoundness	
Other, including fever, cough, nasal discharge within last 14 days and/or exposure to horses with infectious disease within last 30 days	

FEED AND SUPPLEMENTS:

Please provide instructions for feed and supplements:

Time of Feeding	Hay (Type and amount)	Grain (Type and amount in pounds)	Supplements (Type and amount)
AM			
Lunch			
PM			
Night Check			

KNOWN BEHAVIORAL PROBLEMS:

Please check and describe as applicable:

<input type="checkbox"/> Biting	
<input type="checkbox"/> Kicking	
<input type="checkbox"/> Rearing	
<input type="checkbox"/> Pulling back	
<input type="checkbox"/> Claustrophobia	
<input type="checkbox"/> Fear of water	
<input type="checkbox"/> Other	

Can horse be tied on a single tie? _____

Can horse be cross-tied? _____

Can horse be clipped? _____

TACK AND EQUIPMENT:

Halter (Color/type)	
Blanket(s) (Colors, types)	
Other	

SPECIAL INSTRUCTIONS:

Signed: _____
(Printed Name of Horse Owner)

(Signed Name of Horse Owner)

(Date)