



Equine Intake Form

PATIENT INFORMATION

Animal's Name:

Breed / Colour:

Age:

Gender:

Gelding

Stallion

Mare

Height:

Owner's Name:

Owner's Phone:

Email:

Address:

Town / City:

Postal Code:

Veterinarian Name:

Barn Address (If Different):

HEALTH HISTORY

Complaint / Concern:

Location:

When and How Did It Start?

What Makes It Worse / Better?

Is It Improving or Getting Worse?

Any Major Injuries or Diagnoses?
(eg Arthritis, Kissing Spine, Navicular, etc)

Any Neurological Conditions (eg Cushings)?

Seen Any Other Practitioners? Vet Chiro Massage Osteopath Bodyworker Farrier
If so, who?

Vaccinations: 3 4 5 Way Additions / Other: