

## Owner Information and Equine Medical History

### Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

### Horse Information

Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

### History

What discipline(s) do you participate in? \_\_\_\_\_

How often do you ride/train? \_\_\_\_\_

Is this horse having any problems under saddle or on the ground (explain)?

---

---

---

---

---

Is this horse taking any medications? If so, list meds and explain what they are for:

---

---

Has this horse had any injuries or falls? \_\_\_\_\_

---

---

Is there any part of the body that this horse doesn't like being touched? \_\_\_\_\_

---

---

Does your horse tie (single, cross ties, etc.)? \_\_\_\_\_

Has this horse been massaged before? \_\_\_\_\_

Is there anything else that is important for me to know or that you would like me to know? \_\_\_\_\_

---

---

---

---

---