

## Medical History

### Patient Information

Horse Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Farm \_\_\_\_\_  
Veterinarian: \_\_\_\_\_  
Reason for Admission: \_\_\_\_\_  
Insurance \_\_\_\_\_  
Company: \_\_\_\_\_

### Important Information

Can the horse be clipped? \_\_\_\_\_  
Does the horse cross tie? \_\_\_\_\_  
Does the horse require special feeding instructions? \_\_\_\_\_  
Did the horse arrive with equipment such as wraps and blankets? \_\_\_\_\_  
Are there any vices or habits we should be aware of? \_\_\_\_\_  
Is the horse pregnant? \_\_\_\_\_ Breeding Date (if YES): \_\_\_\_\_

### Medical History

Is the horse current on its vaccinations? \_\_\_\_\_  
Eastern/Western Encephalitis? \_\_\_\_\_ Date \_\_\_\_\_  
Tetanus? \_\_\_\_\_ Date \_\_\_\_\_

Rabies? Date

Strangles? Date

Influenza (Flu)? Date

Potomac Horse Fever (PHF)? Date

Rhinopneumonitis (Rhino)? Date

West Nile Virus? Date

What recent medications has your horse received? \_\_\_\_\_

Are there any medical conditions we should be aware of such as allergies, abnormal vaccine reactions, pituitary dysfunction, thyroid dysfunction, history of laminitis, HYPP? \_\_\_\_\_

Has the horse had a previous surgery? \_\_\_\_\_

Any other information we should be aware of? \_\_\_\_\_