

Spring Meadows Farm LLC

Veterinary Information

Name of Horse: _____ Registration #: _____

Sex: _____ Color: _____ Age: _____ Breed: _____

Sweepstakes Nominated: YES ___ NO ___

Name of Owner: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: Home: _____ Business: _____ Cell: _____

Email Address: _____ Arrival Date: _____

Insured by: _____ Agent: _____ Phone #: _____

In case of emergency and owner cannot be reached:

Name: _____ Phone #: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

PREVIOUS VETERINARY HISTORY

Colic: YES ___ NO ___ Frequency: _____

Founder: YES ___ NO ___ Dates: _____

Allergies: _____ NKA: _____

INJECTIONS

Hocks: YES ___ NO ___

Stifles: YES ___ NO ___

Ankles: YES ___ NO ___

Chiropractics: YES ___ NO ___

Acupuncture: YES ___ NO ___

If you answered "YES" to any of the above please explain: _____

(Previous veterinary history, continued)

Has this horse ever: Pulled a Suspensory Ligament? YES___ NO ___
Pulled a Digital Flexor Tendon? YES___ NO ___
Bowed a Tendon? YES___ NO ___
Had Leg X-Rays Taken? YES___ NO ___
Other? YES___ NO ___

If you answered "YES" to any of the above please explain: _____

MANDATORY

List Dates of Vaccinations

Tetanus Toxoid: _____ E&W: _____ Rhino: _____

Flu Vaccine: _____ Rabies: _____ Strangles: _____

Coggins Received: YES___ NO ___

Deworming Needed: YES___ NO ___

Date Last Wormed: _____

Farrier History: _____

Type of Diet: _____ Hay: _____ Grain: _____

Supplements: _____

Special Requirements: _____

Habits: _____

HORSE DELIVERED BY:

Print Name: _____

Signature: _____

Date: _____