

ALWAYS HELPFUL VETERINARY SERVICES
305 Nottingham Road
Nottingham, PA 19362
Phone 717-529-0526 Fax 717-529-0776
www.judithshoemaker.com

NEW Patient Information (Equine)

Owner: _____ Date: _____

A. Signalment

1. Registered Name: _____

2. Nickname(s): _____

3. Gelding Stallion Mare Spayed Mare Date Gelded/Spayed: _____

4. Date of Birth ____________ (if unknown - give best approx. date and/or year)

5. Breed: _____

6. Pedigree: _____

7. Color: _____

8. Markings: _____

9. Weight: ____ 10. Height: ____

11. Registration #: _____

12. Tattoo/Brand: _____

13. Microchip? Yes No

14. Animal's Insurance Information

Person responsible for account

Insurance Company Name:

Name: _____

Relation to client: _____

Co. Address: _____

Billing Address: _____

Co. Phone: _____

Type of Coverage: _____

Insured's Name: _____

Policy # _____

Group # _____

B. Other Information

1. Use/Occupation/Favorite Activities: _____

Current _____

Previous _____

2. Habits/Vices: _____

3. Singly or Herd Raised: _____

4. What is the reason for this visit? _____

C. Medical Information & History

1. Vaccination History:

(Please include the dates, types of vaccines, and any reactions; also titers if taken.)

(SEE OTHER SIDE)

2. Deworming History: *(please include the dates, chemical used, and any reactions.)*

3. Dentistry: *(please include dates, frequency of care, and any abnormalities, past or present.)*

4. Farriery: *(please include dates, frequency of care, any abnormalities, past or present)*

5. Describe what your animal eats and drinks, and any changes in the last six months
(brand, amount and frequency of feed, type of feed tubs & buckets, how hay is fed, water source.)

6. Any medications or supplements? List substances, brands, and dosages *(past and present.)*

7. Describe where and how your animal lives, exercises, and sleeps
(Include stall floor/bedding, turnout facilities & schedule, arena footing.)

8. If your horse is boarded, please give name, address, and phone number of stable and caretaker.

9. Type of halters, cribbing collars, shanks.

10. Blankets, boots *(include make, model, size, when used.)*

11. Saddles, bridles, bits *(include make, model, size, repairs.)*

12. Training and Competition History
(Type, duration, any significant occurrences - positive or negative.)

13. Briefly describe your animal's personality and disposition, position in herd pecking order
(note any changes and when occurred.)

14. Please list approximate dates and describe any history of injury, illness, or emotional disturbance.

a. Injuries: (including falls, lamenesses, wounds, head trauma, foot problems, fractures, surgery, surgical implants or orthopedic hardware.)

b. Illnesses: (including GI upset, respiratory disease, cancer, allergy, thyroid disease, hormonal dysfunction, urinary problems, heart disease, infections, skin problems, sweating abnormalities.)

c. Emotional Disturbances: (behavioral problems, fears, phobias, aggression, emotional trauma.)

15. Training Problems (including stiffness, asymmetries, gaiting abnormalities, biting problems.)

D. Diagnostic Information

1. Does your animal have previous blood work? (Please arrange for us to have a fax or copy of bloodwork for our records.)

2. Does your animal have previous radiographs?
(If significant, owner must request that they be sent to us.)

E. Additional Observations or Concerns

Please include anything that comes to mind, whether you think it is significant or not.

(SEE OTHER SIDE)

F. Other Veterinarian(s):

Name: _____

Name: _____

Hospital Name: _____

Hospital Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

G. Farrier:

Dentist:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

H. Other Therapist(s):

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

I. Alerts - Current or Previous

- Bites
- Strikes
- Difficulty Loading or Unloading
- Kicks
- Rears
- Difficulty Standing for Shoeing
- Pulls Back
- Difficulty Traveling (i.e. - tranquilized for shipping.)
- Small Animal / Horse / Human Aggressive: _____
- Hormone Implant (medication & date): _____
- Allergies

Medications: _____

Supplements: _____

Foods: _____

Bedding: _____

Fly Spray: _____

• Medical Records Release Authorization *

I, the owner of or agent for the animal(s) named above, hereby authorize Always Helpful Veterinary Services to release copies or summaries of the medical records to other requesting veterinarians' actively treating the above-named animal(s). **Yes** ____ **No** ____

Signature

Date

ATTENTION: Please DO NOT apply Show Sheen or hoof oil to your horse before coming to your scheduled appointment. Cancellation fee will apply if not given 24 hours notice (Lg./ \$100, Sm./ \$25.)