

Equine Performance Services, LLC

109 Butler Road
Reisterstown, MD 21136
410 236 4446
www.equineperformance.net

Client Information

Owner's Name: _____ Date: _____

Owner's Address :

Billing Address *(if different from above)*:

PrimaryPhone Number: _____ Secondary Phone Number: _____

E-mail: _____ Fax Number: _____

New Patient Information

Name: _____ Age/Birthdate: _____

Gender: _____ Breed: _____

Is this horse insured?: _____ If yes, where?: _____ Microchip?: _____

Color/markings/tatto/height:

Stable/farm where boarded:

Presenting complaint *(reason for visit)*:

Use/Occupation *(include former use if relevant)*:

times ridden per week/intensity of work:

Veterinarian(s):

Recent veterinary work/date:

Vaccinations/date(s):

Deworming history:

Allergies/medical conditions:

Other health/behavior issues:

History of trauma/surgery? *(if yes, please explain)*:

Farrier:

Date of last farriery:

Frequency/special shoeing/etc.:

Dentist:

Date of last work:

Frequency/abnormalities/etc.:

Feed type:

Forage type:

Medications:

Supplements:

Additional questions/concerns/observations you have:

***Please bring this completed history form, along with any relevant bloodwork results/radiographs/etc., to your appointment.
Thank you.***