

## Health Records and Authorization

Horse's Name \_\_\_\_\_ Owner's Name \_\_\_\_\_

DESCRIPTION OF HORSE:

LIVING SITUATION:

AGE \_\_\_\_\_, HT. \_\_\_\_\_ SEX \_\_\_\_\_ TRACK \_\_\_\_\_, STALL \_\_\_\_\_, Paddock \_\_\_\_\_

LAST SHOEING/TRIM DATE: \_\_\_\_\_, 20 \_\_\_\_

SPECIAL INSTRUCTIONS; \_\_\_\_\_

LAST WORMING DATE: \_\_\_\_\_, 20 \_\_\_\_ WORMED WITH \_\_\_\_\_

LIST VACCINES GIVEN THIS YEAR SPRING AND FALL

VACCINE \_\_\_\_\_ DATE \_\_\_\_\_, 20 \_\_\_\_

VACCINE \_\_\_\_\_ DATE \_\_\_\_\_, 20 \_\_\_\_

VACCINE \_\_\_\_\_ DATE \_\_\_\_\_, 20 \_\_\_\_

VACCINE \_\_\_\_\_ DATE \_\_\_\_\_, 20 \_\_\_\_

VACCINE \_\_\_\_\_ DATE \_\_\_\_\_, 20 \_\_\_\_

HAS YOUR HORSE EVER HAD COLIC? YES NO DATE: \_\_\_\_\_, 20 \_\_\_\_

HAS YOUR HORSE EVER HAD COLIC SURGERY? YES NO If so, what date? \_\_\_\_\_, 20 \_\_\_\_

YOUR HORSE'S VET List all relevant VDMs

VET'S NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

VET'S NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

Do you have a preference for emergency care if we need to call and cannot reach you?  
Note/mark above.

IS YOUR HORSE(S) INSURED? YES NO

INSURANCE CARRIER: \_\_\_\_\_ POLICY # \_\_\_\_\_

INSURANCE COMPANY PHONE # \_\_\_\_\_

PLEASE LIST ANY SPECIAL INSTRUCTIONS FOR ILLNESS OR INJURY FOR YOUR HORSE(S).

We will not take your horse for colic surgery without you instructing us to do so.