

Fox Valley Equine Practice NEW HORSE INFORMATION SHEET

NAME OF OWNER: _____
 HORSE SHOW OR REGISTERED NAME: _____
 NICKNAME: _____ AGE: _____ COLOR: _____
 BREED: _____ Please circle one: Stallion Mare Gelding
 LOCATION OF HORSE/NAME OF BARN: _____
 BARN MANAGER and/or TRAINER: _____
 BARN PHONE: _____ ALT PHONE: _____

If your horse needs emergency care and we cannot contact you, please list an authorized agent who can make decisions for your horse on your behalf.

AUTHORIZED PHONE: _____
 AGENT: _____ ALT PHONE: _____

It is important for us to know the vaccination history of your horse. This will help us accurately set up due dates for your next set of vaccinations. Please mark the known vaccinations received this past year with an "X" in the box and fill in the date given. Include all vaccinations given within the last 12 months **prior** to us seeing your horse.

VACCINATIONS:

	East/West Encephalomyelitis & Tetanus (EWT)	Date: _____	I do not know the vaccination history of my horse. Please start with initial vaccinations and booster shots in a month.	
	West Nile Virus (WNV)	Date: _____		Y or N
	Rabies	Date: _____		
	Flu/Rhino (FR)	Date: _____		
	Pregnant Mare (PK)	Date: _____	I give my own vaccinations.	Y or N
	Potomac Horse Fever (PHF)	Date: _____	Do you use an equine dentist?	Y or N
	Strangles Intranasal (PINN)	Date: _____	Date of last float: _____	Date: _____
	Lepto	Date: _____	Would you like a vet to float your horse's teeth?	Y or N
	Last date of Coggins Test (EIA)	Date: _____		
PARASITE CONTROL:			Do you clean your horse's sheath?	Y or N
	Has your horse had a fecal test?	Date: _____	Would you like a vet to clean it?	Y or N
Any known reactions/allergies: _____				

