



New Client Form

OWNER INFORMATION:

Client Name: _____

Horse(s) Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Home Address: Same as billing address? YES NO – if NO, complete this section:

Address: _____

Home Phone: _____ Cell: _____

Email: _____

Preferred Contact Method (phone, text, email): _____

STABLE INFORMATION – Same as owner address? YES NO – if NO, complete this section:

Stable Name: _____

Contact Name (barn owner/agent/trainer/manager): _____

Stable Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Barn number): _____

I authorize the above contact person(s) to act as agent to make appointments and order medication for my horse(s) and accept full financial responsibility for their decisions YES NO

If no, please explain:



New Patient Information

Owner: _____ Date: _____

Registered Name _____ Barn Name _____

Date of Birth /Age _____ Breed _____

Color(s) _____ Sex _____

Registration # (if applicable) _____

Tattoo# (if applicable) _____

Microchip# (if applicable) _____

****if your horse does not have a microchip and you would like us to implant one, please let us know****

Brands _____

Is this horse insured? YES NO If so, with which company? _____ Policy# _____

Are there multiple owners? YES NO (If Yes, please fill out additional owner contact information)

Has this horse ever been treated previously by our clinic? YES NO

In case of an emergency in which owner is unavailable, who should we contact? _____ Phone _____

Does this person have permission to make treatment decisions for your horse on your behalf?

Equine Lifestyle Information:

Use/Occupation/Favorite Activities: _____

Current _____

Previous _____

Habits/Vices: _____

please inform us of any vices (kicking, biting, striking, etc) that could put our vets or team members in danger so we know how best to handle your horse

What is the reason for this visit? _____

Canyon Veterinary Medical Center, Inc.
P.O. Box 487, Cotati, CA 94931
707-792-4335

Relevant Medical History:

Vaccine History: please attach any medical and vaccine records from previous veterinarian(s)

Date _____ Flu/Rhino Date _____ EWT (3-way)
Date _____ Strangles Date _____ Coggins
Date _____ Rabies Date _____ West Nile Virus (WNV)

Did your horse have any reactions to his/her vaccines? If so, to which vaccines and what was the reaction? Have vaccines typically been given all together or split up?

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

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

Farriery: (please include date last trimmed/shod, frequency of care, and any abnormalities, past or present)

Describe what your animal eats 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.)

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

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

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

Current Chronic and Previous Illnesses: (including GI upset/diarrhea, respiratory disease, cancer, allergy, hormonal dysfunction, urinary problems, heart disease, infections, skin problems, sweating abnormalities.)

Breeding History (has your horse ever been bred? If so, how many foals? Any complications?)

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

Diagnostic Information:

Does your animal have previous blood work?

Does your animal have previous radiographs or other imaging? Were there any significant findings?

Is there anything else we should know about your horse?
