



Patient Admit Form

Client Name: _____

Email: _____

Phone: _____

Horse's Name: _____ Age: _____ Sex: _____

Authorized Health Care Decision-Maker(s): _____

Authorized Visitor(s): _____

Is Horse Insured: ___ No ___ Yes If Yes, insurance information: _____

Vaccination History:

EEE/WEE: _____ Tetanus: _____ Rabies: _____ West Nile Virus: _____

Flu/Rhino: _____ Strangles: _____ Other: _____

Worming History (Date & Brand): _____

Farrier's Name & Contact Information: _____

Last Shoeing Date: _____ ___ Full Shoe ___ Half Shoe ___ Trim

Previous Dentistry Performed By & Contact Information: _____

Dental History: Date Last Floated: _____

Current Medications (if any): _____

Is your horse currently in training: ___ No ___ Yes If yes, trainer information: _____

How would you like your trainer kept informed of progress? _____

Instructions for Feed and Supplements:

Hay Type and Number of Flakes:

AM

NOON

PM

___ Alfalfa/Grass

___ Alfalfa/Grass

___ Alfalfa/Grass

___ Grass

___ Orchard Grass

___ Orchard Grass

___ Grain (additional charges will apply): _____

___ Platinum (additional charges will apply): _____

___ Owner Supplied Supplements (please include type and amount): _____

Known Behavioral or Health Problems:

___ History of Biting?

___ History of Kicking?

___ History of Pulling Back?

___ History of Claustrophobia?

Can the horse be tied? ___ Yes ___ No

Any history of: ___ Colic ___ Allergies ___ Founder ___ Unsoundness

Other: _____

Has your horse had any of the following symptoms within the last 14 days:

___ Fever ___ Snotty Nose ___ Cough

Has your horse within the last 30 days been exposed to other horses with infectious disease:

___ Yes ___ No

If YES: When, Where, & What? _____

Tack and Equipment

Blanket (color, marking, etc.): _____

Halter (color, marking, etc.): _____

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

Other tack or equipment: _____

____ I agree to the terms & conditions (See Liability Release)

Client Signature

Client Name (printed)

Date