



DOWN EAST  
EQUINE

## Owner Information and Equine History Form

Client Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Horse Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Barn Name: \_\_\_\_\_

Barn Address: \_\_\_\_\_

Primary Veterinarian: \_\_\_\_\_

Primary Farrier: \_\_\_\_\_

Last dental exam/float? Any issues? \_\_\_\_\_

List all medications this horse is currently taking. \_\_\_\_\_

Any injury, illness, or other situation for which this horse is or has been under veterinary care?

Any other information I need to know about this horse? \_\_\_\_\_

Date Completed: \_\_\_\_\_