

## Serenity Equine LLC

New Client Information Form (Additional horses can be added on following pages)

Client name: \_\_\_\_\_

Billing address: \_\_\_\_\_

Horse location: \_\_\_\_\_

Horses Registered Name: \_\_\_\_\_

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

Veterinarian and clinic name: \_\_\_\_\_

Last veterinary exam (all new patients must have been seen by a licensed veterinarian within the last 12 months): \_\_\_\_\_

Last tetanus and flu vaccine: \_\_\_\_\_

Horses Behavior (0 - unmanageable, 10 –easy going): 0 1 2 3 4 5 6 7 8 9 10

### **Please answer the following questions as accurately as possible:**

Has your horse been quidding (dropping large boluses of hay)? If yes, how much and how often?

\_\_\_\_\_  
\_\_\_\_\_

Has there been any nasal discharge from either or both nostrils? If yes, how much and how often?

\_\_\_\_\_  
\_\_\_\_\_

Has your horse(s) coliced in the past 6 months? If yes, what type of colic, was surgery required?

\_\_\_\_\_  
\_\_\_\_\_

Has you horse had any previous dental abnormalities, surgeries, or extractions? If yes please provide as much detail as possible:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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