

Client and Patient Information

Owner_____

DBA/Agent (circle one)_____

Address_____

City, State, Zip Code_____

Phone, Cell_____ Home_____

Fax_____ E-mail_____

Horse Name_____

Sire_____

Dam_____

Age_____ Color_____ Tattoo_____

Trainer_____

Primary Racing Region: West Coast, Midwest, South, Southeast, Northeast, Tropical (circle one)

Primary Feed_____ Bedding_____

Hay: Alfalfa, Clover, Bahia, Coastal Bermuda, Orchard Grass, Timothy, (circle all that apply)

Other Hay_____ (specify)

Bleeding Racing____ Training____ Date of Last Bleed_____ Last Race_____

From Nostrils (Y/N) _____ Severity (1-5)_____ On Lasix (Y/N)_____

Stable Vices/Other Ailments Stall Walking, Cribbing, Weaving, Head Shaking, Gastric
Ulcers (specify)

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