



PO Box 421  
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(541) 386-6658

## PATIENT INFORMATION - HORSE

Nick Name \_\_\_\_\_

Registered Name \_\_\_\_\_

Birth Date/Age: \_\_\_\_\_ Sex: Mare Gelding Stallion

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

Permanent ID marking: \_\_\_\_\_

### **Date of Most Recent:**

Tetanus: \_\_\_\_\_ Flu/Rhino: \_\_\_\_\_

Sleeping Sickness: \_\_\_\_\_ West Nile: \_\_\_\_\_

EPM: \_\_\_\_\_ Potomac Horse Fever: \_\_\_\_\_

Strangles: \_\_\_\_\_ Rabies: \_\_\_\_\_

Coggins Test: \_\_\_\_\_

Deworming: \_\_\_\_\_ Product Used: \_\_\_\_\_

What is your horse's job?

\_\_\_\_\_

Any special health issues?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_