

# HORSE INFORMATION & HISTORY

Horse's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_

Discipline: \_\_\_\_\_

Please describe current problem or reason for seeking chiropractic care: \_\_\_\_\_

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What goals do you hope to achieve through chiropractic care? \_\_\_\_\_

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Please list any past injuries, significant illness, or surgeries: \_\_\_\_\_

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If the horse is currently being treated for any specific conditions by a veterinarian, please describe and list treating veterinarian: \_\_\_\_\_

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Current medications: \_\_\_\_\_

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Is the horse currently being seen by any other health care professional (ie chiropractor, acupuncturist, massage therapist)? If so, please list and for what reason: \_\_\_\_\_

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Is your horse currently on any supplements? If so, please list: \_\_\_\_\_

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When were the horse's teeth last floated? \_\_\_\_\_