

# Welcome!

Date \_\_\_\_\_

## Horse #1's Health History

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

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

Date of Birth/Age: \_\_\_\_\_ Gender: (Please circle one) Mare Stallion Gelding

Vaccination History (Date and Type):

\_\_\_\_\_

When was the last time you dewormed your horse and what did you use?

What are you feeding your horse?

Chronic Ailments: \_\_\_\_\_

Continuous Medications: \_\_\_\_\_

## Horse #2's Health History

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

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

Date of Birth/Age: \_\_\_\_\_ Gender: (Please circle one) Mare Stallion Gelding

Vaccination History (Date and Type):

\_\_\_\_\_

When was the last time you dewormed your horse and what did you use?

What are you feeding your horse?

Chronic Ailments: \_\_\_\_\_

Continuous Medications: \_\_\_\_\_

### Authorization

**Payment is expected at time of service unless other arrangements are made in advance.**

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release. I have read and understand CAH's financial policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_