



FOX VALLEY EQUINE PRACTICE

The Best Medicine in the Field

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Basic Information:

Owner Full Name:

Horse Name:

Breed:

Age:

Medical Information:

What is your horse's current work level? (i.e. retired, showing, pleasure/trail riding, etc)

Has your horse had any ongoing medical conditions? If so, has our office seen your horse for these medical conditions? If we have not seen your horse for these medical conditions, please describe the event, and any ongoing treatments.

Please list any current medications your horse is on:

Please describe any recent lameness history.

Medical Information (cont'd)

Have you noticed any instances where your horse has had trouble getting up and down, getting around, or having difficulty with their normal routine? (i.e. walking to the pasture, reluctance to leave the stall, or exercise intolerance)

Please list the date when your horse was last dewormed and the product used:

Please list any vaccines your horse received in the past year (if not given by our practice):

Are there any current dental concerns with your horse? (dropping feed, quidding, not eating well, foul odor, weight loss)

Nutritional Information:

Is your horse turned-out on pasture? If so, how many hours per day?

Please list the type/brand of grain your horse is getting:

How much grain is your horse receiving and how often? (example: 1 lb twice daily)

Please list what type of hay your horse is receiving (i.e. grass hay, alfalfa hay, or a mixture)

How much hay is your horse receiving and how often?

Is your horse receiving any additional feed products? (i.e alfalfa pellets, timothy pellets, etc)

Please list your horse's current supplements:

Other:

Are there any questions or concerns you have about your horse that you would like to address with this visit/consult?

Please mail, e-mail, or fax this questionnaire to us at your earliest convenience.