



## NWEP Horse History Form

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Authorized Person/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Horse Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Duration of ownership? \_\_\_\_\_ Horse's Discipline: \_\_\_\_\_

What is your primary concern? \_\_\_\_\_

When did you first notice the problem? \_\_\_\_\_

How quickly did the problem arise? \_\_\_\_\_

Is it improving or getting worse? \_\_\_\_\_

Is your horse in current work? If so what type & how much? \_\_\_\_\_

Does the horse work out of it? \_\_\_\_\_

When is the problem most obvious? \_\_\_\_\_

Has the horse been seen by another vet? If so, what was done? \_\_\_\_\_

What treatments have been done? Did anything help? \_\_\_\_\_

Is the horse on any medications? If so, when was it last given? \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Anything else we should know? \_\_\_\_\_