

NWEP Horse History Form

Owner name: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone number: _____ Alternate phone: _____

Email address: _____

Horse's name: _____ Age: _____

Breed: _____ Gender: _____ Color: _____

Duration of ownership: _____ Horse's discipline _____

What is your primary concern? _____

When was the problem first noticed? _____

How quickly did the problem arise? _____

Is it improving or getting worse? _____

Is the horse in current work? If so, what type and 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, was the problem evaluated and treated?

What treatment measures have been taken? Did any of the treatments help?

Is the horse receiving any medication? If so, when was the medication last given?

How did you find out about us? Who referred you to us?
