

Brandywine



Equine

Veterinary Associates

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Welcome to our practice! In order to provide your animals with the best possible care, we need to know their medical history. Please complete the following form to provide us with the most current information for you and your animals.

Our payment policy is for payment at the time of service. We accept checks or you may leave a credit card on file with us. Please indicate below your preferred method of payment. In a continued effort to provide you with the best possible care, we must enforce this payment policy. Should an account become delinquent, we will be utilizing the services of a collection agency to collect any past due amounts. Thank you for your cooperation and understanding!

Please complete the requested information below and either mail, email or fax back. If you need additional space, please copy the second page.

**Owner Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_

**Secondary Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Preferred Method of Payment (circle):**    **Check**        **Credit Card**

**Credit Card Info: Type:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Exp Date:** \_\_\_\_\_ **Name on Card:** \_\_\_\_\_

**Location of Animals (if different from owner address):** \_\_\_\_\_

**Barn Address:** \_\_\_\_\_

**Barn Manager:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

In the event of an emergency, please list an alternate contact (family member, barn manager, etc.) who is authorized to make medical or financial decisions if you cannot be reached:

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Patient #1**

Name (include show name if applicable): \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Has the animal been castrated/neutered/spayed? Yes No

Last Dewormed: \_\_\_\_\_ Last Teeth Float: \_\_\_\_\_ Last Coggins: \_\_\_\_\_

Does the animal have a history of colic, lameness, disease, injury, or surgery? Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the horse currently on any medications or supplements? \_\_\_\_\_

\_\_\_\_\_

Please fill in the dates the animal was last vaccinated for any of the following:

EEE/EWE \_\_\_\_\_ Tetanus \_\_\_\_\_ Influenza \_\_\_\_\_ Rhino \_\_\_\_\_

Strangles \_\_\_\_\_ Rabies \_\_\_\_\_ Botulism \_\_\_\_\_ West Nile \_\_\_\_\_

Potomac \_\_\_\_\_ CDT \_\_\_\_\_ Other \_\_\_\_\_

**Patient #2**

Name (include show name if applicable): \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Has the animal been castrated/neutered/spayed? Yes No

Last Dewormed: \_\_\_\_\_ Last Teeth Float: \_\_\_\_\_ Last Coggins: \_\_\_\_\_

Does the animal have a history of colic, lameness, disease, injury, or surgery? Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the horse currently on any medications or supplements? \_\_\_\_\_

\_\_\_\_\_

Please fill in the dates the animal was last vaccinated for any of the following:

EEE/EWE \_\_\_\_\_ Tetanus \_\_\_\_\_ Influenza \_\_\_\_\_ Rhino \_\_\_\_\_

Strangles \_\_\_\_\_ Rabies \_\_\_\_\_ Botulism \_\_\_\_\_ West Nile \_\_\_\_\_

Potomac \_\_\_\_\_ CDT \_\_\_\_\_ Other \_\_\_\_\_

**Patient #3**

Name (include show name if applicable): \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Has the animal been castrated/neutered/spayed? Yes No

Last Dewormed: \_\_\_\_\_ Last Teeth Float: \_\_\_\_\_ Last Coggins: \_\_\_\_\_

Does the animal have a history of colic, lameness, disease, injury, or surgery? Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the horse currently on any medications or supplements? \_\_\_\_\_

\_\_\_\_\_

Please fill in the dates the animal was last vaccinated for any of the following:

EEE/EWE \_\_\_\_\_ Tetanus \_\_\_\_\_ Influenza \_\_\_\_\_ Rhino \_\_\_\_\_

Strangles \_\_\_\_\_ Rabies \_\_\_\_\_ Botulism \_\_\_\_\_ West Nile \_\_\_\_\_

Potomac \_\_\_\_\_ CDT \_\_\_\_\_ Other \_\_\_\_\_

**Patient #4**

Name (include show name if applicable): \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Has the animal been castrated/neutered/spayed? Yes No

Last Dewormed: \_\_\_\_\_ Last Teeth Float: \_\_\_\_\_ Last Coggins: \_\_\_\_\_

Does the animal have a history of colic, lameness, disease, injury, or surgery? Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the horse currently on any medications or supplements? \_\_\_\_\_

\_\_\_\_\_

Please fill in the dates the animal was last vaccinated for any of the following:

EEE/EWE \_\_\_\_\_ Tetanus \_\_\_\_\_ Influenza \_\_\_\_\_ Rhino \_\_\_\_\_

Strangles \_\_\_\_\_ Rabies \_\_\_\_\_ Botulism \_\_\_\_\_ West Nile \_\_\_\_\_

Potomac \_\_\_\_\_ CDT \_\_\_\_\_ Other \_\_\_\_\_

**Patient #5**

Name (include show name if applicable): \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Has the animal been castrated/neutered/spayed? Yes No

Last Dewormed: \_\_\_\_\_ Last Teeth Float: \_\_\_\_\_ Last Coggins: \_\_\_\_\_

Does the animal have a history of colic, lameness, disease, injury, or surgery? Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the horse currently on any medications or supplements? \_\_\_\_\_

\_\_\_\_\_

Please fill in the dates the animal was last vaccinated for any of the following:

EEE/EWE \_\_\_\_\_ Tetanus \_\_\_\_\_ Influenza \_\_\_\_\_ Rhino \_\_\_\_\_

Strangles \_\_\_\_\_ Rabies \_\_\_\_\_ Botulism \_\_\_\_\_ West Nile \_\_\_\_\_

Potomac \_\_\_\_\_ CDT \_\_\_\_\_ Other \_\_\_\_\_

**Patient #6**

Name (include show name if applicable): \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Has the animal been castrated/neutered/spayed? Yes No

Last Dewormed: \_\_\_\_\_ Last Teeth Float: \_\_\_\_\_ Last Coggins: \_\_\_\_\_

Does the animal have a history of colic, lameness, disease, injury, or surgery? Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the horse currently on any medications or supplements? \_\_\_\_\_

\_\_\_\_\_

Please fill in the dates the animal was last vaccinated for any of the following:

EEE/EWE \_\_\_\_\_ Tetanus \_\_\_\_\_ Influenza \_\_\_\_\_ Rhino \_\_\_\_\_

Strangles \_\_\_\_\_ Rabies \_\_\_\_\_ Botulism \_\_\_\_\_ West Nile \_\_\_\_\_

Potomac \_\_\_\_\_ CDT \_\_\_\_\_ Other \_\_\_\_\_