

EQUINE INFORMATION

PANORAMA EQUINE MEDICAL & SURGICAL CENTER

Wallace H. Liberman, D.V.M. & Associates
10302 Old Oregon Trail, Redding, CA 96003
Telephone: (530) 221-7004 / Fax: (530) 221-0345

Horse's Name: _____ Age: _____ Birth date: _____

Sex: **(circle one)** Mare Gelding Stallion Breed: _____

Color/Markings: _____ Brands: _____

Date Purchased: _____ Horse's Worth: \$ _____

Performance Endeavors: _____

Is this a Child's Horse? Yes ___ No ___ Child's Age: _____ Name: _____

Name of Last Veterinarian: _____ Phone: _____

Address: _____

De-Worming Schedule:

How often do you de-worm your horse? _____

Date you last de-wormed: _____ Product used: _____

Dental History:

Date of last dental exam/float: _____

Significant problems/history? _____

Vaccination History:

Vaccine	Month/Year	Vaccine	Month/Year
3-Way (E&W Encephalo, Tetanus)		Rabies	
4-Way (E&W Encephalo, Tetanus, Influenza)		West Nile Virus	
5-Way (E&W Encephalo, Tetanus, Influenza, Rhino)		Tetanus Toxoid	
Strangles		Flu/Rhino combo	
Strangles I/N (Intra-Nasal)		EHV-1 (Abortion prevention)	
Influenza I/N (Intra-Nasal)		EHV-4 (Respiratory prevention)	

Nutritional Diet:

A.M. _____ P.M. _____

Does this horse pull back when tied? No ___ Yes ___

Previous Medical/Surgical and Imaging History of horse: _____

Reason for today's exam: _____

Signature: _____ Date: _____