



*We Welcome you to*  
**LaPorte Animal Clinic**  
*Dr. Andrew Dean & Dr. Marta Dean*



**Horse Information**

Name \_\_\_\_\_ Breed \_\_\_\_\_ Birthdate or age \_\_\_\_\_

Gender \_\_\_\_\_ Branded? Tattooed? If so, brand/tattoo location/ number/letters \_\_\_\_\_

Markings \_\_\_\_\_

**Date of last vaccinations:**

Rabies \_\_\_\_\_ Eastern/western Encephalitis \_\_\_\_\_  
 Tetanus \_\_\_\_\_ Rhino \_\_\_\_\_ West Nile \_\_\_\_\_  
 Strangles (intranasal or injectable?) \_\_\_\_\_ Other vaccines-type? \_\_\_\_\_

Date of last coggin's testing \_\_\_\_\_  
 Date of last veterinary examination and Name of veterinarian, if known? \_\_\_\_\_  
 Date of last dental examination/float? \_\_\_\_\_

Do you have any concerns with your horse's health today? \_\_\_\_\_

**Diet:**

Hay-what type and how much per day? \_\_\_\_\_

Grain-type and amount? \_\_\_\_\_

Formulated feeds? Type and how much/how many times per day? \_\_\_\_\_

Any supplements (including herbal) or long term medications? \_\_\_\_\_

**Lifestyle:**

What activity do you primarily use your horse for? \_\_\_\_\_

Do you show your horse or engage in other activities where there are multiple horses together? \_\_\_\_\_

How many days a week do you ride? \_\_\_\_\_ How many hours at a session/average? \_\_\_\_\_

Any issues with biting problems, dropping grain or head tossing? \_\_\_\_\_

Any concerns with lameness? If so which leg and for how long? \_\_\_\_\_

Has your horse lived in any other state or country? If so where and when? \_\_\_\_\_

Do you frequently trailer your horse? \_\_\_\_\_

Does your horse have any special shoeing needs or chronic foot/leg problems? \_\_\_\_\_

Any other chronic health conditions (including respiratory conditions?) \_\_\_\_\_