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| **1.** | **VETERINARIAN**  |
| NAME  | EMAIL ADDRESS |
| CLINIC | PHONE NUMBER |
| ADDRESS  |
| **2.** | **HORSE AND OWNER INFORMATION** |
| OWNERS NAME  | HORSE NAME  | BREED | SEX GELDING: **[ ]** STALLION / COLT: **[ ]** MARE / FILLY: **[ ]** MARE IN FOAL: **[ ]**  | COLOUR  | YEAR OF BIRTH  |
| **3.** | **INJURY, ILLNESS, DISEASE OR MEDICAL CONDITION(S) BEING REPORTED ON** |
| DATE OF FIRST VET VISIT |
| DIAGNOSIS |
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| **4.**  | **PRESCRIBED TREATMENT** |
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| **5.** | **RECOVERY** |
| ESTIMATED RECoVERY PERIOD |
| PROGNOSIS FOR RECoVERY |
|  **6.** | **SIGNATURE** |
| **SIGNATURE OF VETERINARIAN****X** | **DATE**  |