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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** | | | | | |