

**LEBANON EQUINE CLINIC**  
1200 Oregonia Road  
Lebanon, OH 45036  
Phone 513-932-4181 Fax 513-932-8340  
[www.lebanonequineclinic.com](http://www.lebanonequineclinic.com)



**PATIENT HISTORY**

**Patient Information**

Name		Registered Name		
Registration Number		Breed		If AQHA, HYPP Yes/No
Age	Color	hh	Sex	Mare in Foal? Yes/No
Markings/Brands/Tattoos				
Horse's Activities				
Is your horse insured? Yes/No		Type of Insurance		
Insurance Company				

**Accompanying Animal** (mare with foal, companion horse, goat, etc.)

Name
Species
Notes

**Patient Health Information**

Reason for Admission
Date of Most Recent Vaccination
Vaccines Received on Above Date
Previous Health Issues (include dates) (Use back, if more space is needed)

*Lebanon Equine Clinic ... Continuing the Tradition of Excellent Veterinary Care & Service*

**Feed / Housing / Exercise**

Please indicate the current feeding schedule of your horse –

Morning Feed \_\_\_\_\_ AM \_\_\_\_\_ # grain \_\_\_\_\_ flakes of hay

Evening Feed \_\_\_\_\_ PM \_\_\_\_\_ # grain \_\_\_\_\_ flakes of hay

Additional Feed \_\_\_\_\_ AM/PM \_\_\_\_\_ # grain \_\_\_\_\_ flakes of hay

Supplements \_\_\_\_\_ When \_\_\_\_\_

Is your horse currently on any type of medication? \_\_\_\_\_

How long and often is your horse currently turned out? \_\_\_\_\_

Where is horse turned out? \_\_\_\_\_

Current Exercise Level (type of exercise, duration and times per week) \_\_\_\_\_

**Behavior**

Has your horse ever exhibited any of the following: (circle all that apply)

Pulling Back

Kicking

Biting

Aggression

Cribbing

Weaving

Striking

Rearing

Other \_\_\_\_\_

**Additional Information**

Thank you for completing this form, it will help us to better care for your horse while at Lebanon Equine Clinic. Please include any other information that you think would be useful to know about your horse –

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