

# STRAND'S ARABIAN STABLE

## *VETERINARY INFORMATION*

Name of Horse: \_\_\_\_\_ Registration # \_\_\_\_\_

Sex: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Sweepstakes Nominated: YES \_\_\_\_\_ NO \_\_\_\_\_

Enrolled in MN Fall Fest: YES \_\_\_\_\_ NO \_\_\_\_\_ IA Gold Star: YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Agent or Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Arrival: \_\_\_\_\_

(All invoices and customer notes will be sent by email)

Insured by: \_\_\_\_\_ Agent: \_\_\_\_\_ Phone#: \_\_\_\_\_

(Please indicate if your horse is **not** insured)

### **In case of emergency and owner cannot be reached:**

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **PREVIOUS VETERINARY HISTORY**

Colic: YES \_\_\_\_\_ NO \_\_\_\_\_ Frequency: \_\_\_\_\_

Founder: YES \_\_\_\_\_ NO \_\_\_\_\_ Dates: \_\_\_\_\_

Allergies: \_\_\_\_\_ NKA: \_\_\_\_\_

### **INJECTIONS:**

Hocks: YES \_\_\_\_\_ NO \_\_\_\_\_

Stifles: YES \_\_\_\_\_ NO \_\_\_\_\_

Ankles: YES \_\_\_\_\_ NO \_\_\_\_\_

Chiropractics: YES \_\_\_\_\_ NO \_\_\_\_\_

Acupuncture: YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered 'YES' to any of the above, please explain: \_\_\_\_\_

**(PREVIOUS VETERINARY HISTORY, Cont'd)**

Has this horse ever: Pulled a Suspensory Ligament? YES\_\_\_\_\_ NO\_\_\_\_\_  
Pulled a Digital Flexor Tendon? YES\_\_\_\_\_ NO\_\_\_\_\_  
Bowed a Tendon? YES\_\_\_\_\_ NO\_\_\_\_\_  
Had Leg X-Rays Taken? YES\_\_\_\_\_ NO\_\_\_\_\_  
Other? \_\_\_\_\_ YES\_\_\_\_\_ NO\_\_\_\_\_

If you answered 'YES' to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_

**MANDATORY**

**All worming and vaccinations are done on our schedule  
LIST DATES OF VACCINATIONS:**

Tetanus Toxoid: \_\_\_\_\_ E&W: \_\_\_\_\_ Rhino: \_\_\_\_\_  
Flu Vaccine: \_\_\_\_\_ Rabies: \_\_\_\_\_ Strangles: \_\_\_\_\_

Coggins Received: YES\_\_\_\_\_ NO\_\_\_\_\_  
Deworming Needed: YES\_\_\_\_\_ NO\_\_\_\_\_  
Date Last Wormed: \_\_\_\_\_  
Do you want your horse on Strongid C: YES\_\_\_\_\_ NO\_\_\_\_\_

Culture: \_\_\_\_\_  
Farrier History: \_\_\_\_\_  
Type of Diet: \_\_\_\_\_ Hay: \_\_\_\_\_ Grain: \_\_\_\_\_  
Supplements: \_\_\_\_\_  
Special Requirements: \_\_\_\_\_  
Habits: \_\_\_\_\_

**IF HORSE IS A MARE IN FOR BREEDING, PLEASE ANSWER THE FOLLOWING:**

Name of Stallion to be Bred to: \_\_\_\_\_  
Foal at Side: \_\_\_\_\_ Foal Sire: \_\_\_\_\_ Maiden: \_\_\_\_\_  
Date of Last Foaling: \_\_\_\_\_ Date of Last Breeding: \_\_\_\_\_  
Last Date of Known Heat: \_\_\_\_\_ Expected Heat Date: \_\_\_\_\_  
Medications (Hormones, etc.): \_\_\_\_\_  
If Mare is to Foal at Strand's Arabians, Foaling Date: \_\_\_\_\_  
Mare Insured by: \_\_\_\_\_ Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Foal Insured by: \_\_\_\_\_ Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

**HORSE DELIVERED BY:** \_\_\_\_\_  
(Signature) (Print Name)  
\_\_\_\_\_  
(Date) (Phone #)