Phil Milner
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Client Registration Form - Equine

Owner/Trainer

Full Name	
Address	
Postcode	
Telephone	
Mobile	
Email Address	
Horse Owned Since	
Horse Worked By	☐ Yourself ☐ Another
Signature*	
Date	

Horse

Full Name	
Age	
Breed	
Gender	☐ Mare ☐ Gelding ☐ Stallion
Stable Address	
Postcode	
VET Name	
Clinic Address	
Telephone	
Email Address	

***This signature indicates that you agree for your horse to receive treatment, and that all necessary veterinary consent has been obtained.**

Confidential Health Questionnaire

Last Saddle Check		Last Dental Check	
Last Farrier Check		Last Back Check	

Summer Routine	☐ Horse Stabled 24/7, ☐ Out 24/7, ☐ In Field for____ Hours a Day
Winter Routine	☐ Horse Stabled 24/7, ☐ Out 24/7, ☐ In Field for____ Hours a Day
Shoeing	☐ Barefoot, ☐ Shoes on front feet only, ☐ On Front and Hind Feet
Work	☐ Retired, ☐ Light Work 1-2xpw, ☐ Medium Work 2-4xpw ☐ Heavy Work >4xpw
Type of Activity	☐ Dressage, ☐ Jumping, ☐ Eventing, ☐ Hacking, ☐ Other
Competition Information	☐ No, ☐ Occasionally, ☐ 1xPM, ☐ 2xPM, ☐ >2xPM

Has your horse ever suffered from the following conditions:

☐ Allergies ☐ Respiratory ☐ Arthiritis
☐ Gastrointestinal ☐ Eczema/Skin ☐ Lameness

If Yes, or Other, please explain:

Previous Injury/Trauma

☐ Muscular ☐ Tendon ☐ Ligament
☐ Back/Neck/Pelvis ☐ Fractures ☐ Other

If Yes, please explain:

Feed and Supplements	

Does the current complaint affect working your horse? ☐ Yes ☐ No

Have you consulted your VET regarding the current problem?

☐ Yes ☐ No ☐ VET advised

Please describe the current issue/reason for assessment:

Office Use ONLY: VET Contacted: Via: Approval of Rx: Yes No