

Client / Patient Case Card (All information is kept strictly confidential)

Date First Consult		Owner	
Postal Address			Post Code
Instructions to property			
Phone		Email	
Vet		Ph	
Farrier		Ph	
Horse Name		Height (h/h)	Age
Sex			
Pregnant	<input type="checkbox"/> YES <input type="checkbox"/> NO	Months	Foaled Previously
		<input type="checkbox"/> YES <input type="checkbox"/> NO	How Many?
Breed	Brands N/S		O/S
		Others	
Colour		Markings	
Discipline			
Medication/Comp. Therapies			
Previous Injuries/Medical Conditions			
Veterinary Diagnosis		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other Treatments			
Problem as described by Owner			
Condition of Horse			
Very Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Good <input type="checkbox"/>	Obese <input type="checkbox"/>
Very Obese <input type="checkbox"/>	Greasy Coat <input type="checkbox"/>	Dry Coat <input type="checkbox"/>	
Rugged <input type="checkbox"/> YES <input type="checkbox"/> NO	Clipped <input type="checkbox"/> YES <input type="checkbox"/> NO	Stabled <input type="checkbox"/> YES <input type="checkbox"/> NO	Yarded <input type="checkbox"/> YES <input type="checkbox"/> NO
Large / Small		Comments	
Paddocked <input type="checkbox"/> YES <input type="checkbox"/> NO	Barefoot Prof. <input type="checkbox"/> YES <input type="checkbox"/> NO		Barefoot N/P <input type="checkbox"/> YES <input type="checkbox"/> NO
Shod <input type="checkbox"/> YES <input type="checkbox"/> NO Front / Back / All 4		Teeth Prof. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Last done		Teeth N/P <input type="checkbox"/> YES <input type="checkbox"/> NO	
Last done		Last done	
Comments			
Saddle Problems <input type="checkbox"/> YES <input type="checkbox"/> NO		Past <input type="checkbox"/> YES <input type="checkbox"/> NO	Present <input type="checkbox"/> YES <input type="checkbox"/> NO
Saddle Prof. Fitted <input type="checkbox"/> YES <input type="checkbox"/> NO			
Last done		Style	
Comments			