

# WESTERN PRAIRIE EQUINE SERVICE

1380 Toulon Ave #B

Hays, KS 67601

785-656-4568

Kris Harris, DVM, DABVP (equine)

## NEW CLIENT FORM

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, St., Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Spouse/Other phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

	<u>Name</u>	<u>Breed</u>	<u>Color</u>	<u>Sex</u>	<u>DOB/Age</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Current medications: \_\_\_\_\_

Current diet: \_\_\_\_\_

Is your horse routinely dewormed: \_\_\_\_\_ Approx. date for last deworming: \_\_\_\_\_

Last dewormer used: \_\_\_\_\_

Is your horse current on vaccinations? (Check all that apply)

Sleeping Sickness (EEE/WEE)  Tetanus  West Nile  Influenza

Rhino (EHV-4)  Rabies  Strangles

Is your horse current on Coggins: \_\_\_\_\_

What is your horse's primary occupation? (pleasure, roping, cutting, etc.): \_\_\_\_\_

Is your horse around other horses: \_\_\_\_\_

Has your horse had teeth floated: \_\_\_\_\_ Approx. date: \_\_\_\_\_