



# Kopec Veterinary Associates

24 Hour Mobile Equine Service And Haul In Facility

55 Prospect Road, Elizabethtown, PA 17022

717-361-8700, 717-361-8708 fax

www.kvaequine.com

**OWNER NAME:** \_\_\_\_\_ **KVA ACCOUNT #:** \_\_\_\_\_

**HORSE INFORMATION**— Do you  Own or  Lease this horse?

**REGISTERED NAME:** \_\_\_\_\_

**BARN (call) NAME:** \_\_\_\_\_

**DATE OF BIRTH/AGE:** \_\_\_\_\_ **BREED:** \_\_\_\_\_

**COLOR(S):** \_\_\_\_\_ **GENDER:**  MARE  GELDING  STALLION

**Registration #:** \_\_\_\_\_ **Tattoo#:** \_\_\_\_\_

**Brands:** \_\_\_\_\_ **Microchip#:** \_\_\_\_\_

*Is this horse insured?*  NO  YES If yes, please complete the insurance information below.

**INSURANCE COMPANY NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **POLICY #:** \_\_\_\_\_

**Does this horse have multiple owners:**  NO  YES

**Additional owner contact information if applicable:** \_\_\_\_\_

**Has this horse ever been treated previously by our clinic?**  NO  YES

**In case of emergency, notify:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**RELEVANT MEDICAL HISTORY (ex. Colic, Cushings)** \_\_\_\_\_

**Medications:** \_\_\_\_\_ **Supplements:** \_\_\_\_\_

**BREEDING HISTORY (if any):** \_\_\_\_\_

**VACCINE HISTORY:**

*\*Vaccine and medical records can be attached from previous veterinarian\**

*E/W Enceph Tetanus* — **Date:** \_\_\_\_\_  *West Nile* — **Date:** \_\_\_\_\_

*Rhino/Flu* — **Date:** \_\_\_\_\_  *Rabies* — **Date:** \_\_\_\_\_

*Potomac* — **Date:** \_\_\_\_\_  *Strangles* — **Date:** \_\_\_\_\_

*Botulism* — **Date:** \_\_\_\_\_  *Other:* \_\_\_\_\_

**Coggins testing:**  NO  YES **Date:** \_\_\_\_\_ *\*Please attach a current copy\**

**DEWORMING HISTORY: Product:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FECAL TESTING: Date:** \_\_\_\_\_ **Results:** \_\_\_\_\_

**Additional Information:** \_\_\_\_\_