



Owner and Animal General Information

Date: ____/____/____

Owner Name: _____
Mailing Address: _____

Animal's Name: _____
Animal Location address: _____

Phone #s: Home _____
Cell _____
Work _____

(for Equine) Barn # _____
Owner's e-mail: _____

Breed, age, sex, and coloring: _____

How long have owned the animal? _____

What do you consider to be the animal's primary issue? _____

Secondary issues? _____

How long have the problem(s) been prevalent? _____

History of past injuries: _____

How did you hear about HnHPT? _____
DO YOU HAVE PET INSURANCE Y/N Company _____

Veterinary Treatment History:

Surgery performed by: Vet name _____ Phone# _____
Fax# _____

Vet Hospital name/address _____

Primary Vet name: _____ phone# _____ Fax# _____

Vet Hospital name/address _____

Last vetted? ____/____/____

Working Diagnosis/Reason for referral (if any) _____

Is the vet aware of your animal receiving rehab? Y / N
Current Rx's and Medications? _____

Current Vaccinations? Rabies: ____/____/____ Distemper: ____/____/____
Kennel Cough: ____/____/____ Other Vaccination _____ Date: ____/____/____

Has your animal (or equine barn or canine kennel) been exposed to any infectious animal diseases in the last 6 mos? Y / N



Behavior and Personality

Does your animal have any vices? towards humans? i.e., kicking ,biting, etc?

Describe your animals' typical temperament?

FOR EQUINES ONLY

Farrier Name; _____ Phone: _____

Address: _____

Shoeing/trim style for your Animal: _____

Past History of any sig. illness or lameness? _____

Riding/work discipline? _____

What level? _____

Competition Use? _____

Frequency of Use? _____

Anything else you think we should know?

Thank you for this detailed history!