

**Front Range Equine Performance, LLC.**  
**HORSE HISTORY**  
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(1) This form should be completed and emailed to: [memarshall@frequine.com](mailto:memarshall@frequine.com)

(2) Also bring a completed copy with you to the appointment.

PLEASE TYPE OR PRINT LEGIBLY

.....

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Text Number: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Authorized Person: \_\_\_\_\_

Relationship (e.g. spouse, trainer, primary veterinarian): \_\_\_\_\_

Phone: \_\_\_\_\_

Primary Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Horse Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Length of ownership? \_\_\_\_\_ Horse's Discipline: \_\_\_\_\_

What is your primary concern? \_\_\_\_\_  
\_\_\_\_\_

When did you first notice the problem? \_\_\_\_\_

How quickly did the problem arise? \_\_\_\_\_

Is it improving or getting worse? \_\_\_\_\_

Is your horse in current work? \_\_\_\_\_ If so what type & how much? \_\_\_\_\_  
\_\_\_\_\_

Does the horse work out of it? \_\_\_\_\_

When is the problem most obvious? \_\_\_\_\_

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Horse Name: \_\_\_\_\_

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Is the problem worse under saddle? \_\_\_\_\_

Has the horse been seen by another vet? \_\_\_\_\_ Who? \_\_\_\_\_  
What was done? \_\_\_\_\_

What treatments have been done? \_\_\_\_\_

Did anything help? \_\_\_\_\_

Is the horse on any medications? \_\_\_\_\_

If so, what are the medications? \_\_\_\_\_

When was each medication last given? \_\_\_\_\_

How did you find out about Front Range? \_\_\_\_\_

Anything else we should know? \_\_\_\_\_

\_\_\_\_\_

Name of Person Completing this Horse History: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_