



Mountain View Equine Hospital, PC

309 Old B & O Rd
Steeles Tavern, Va 24476
(540) 377-5700
mtviewequinehospital@gmail.com

Wynne A. Digrassie, DVM,
MS, CVA, DACVT

Scott R. Reiners, DVM
DACVS, ACVSMR

Bianca R. Reynolds, DVM

Patient Information

Owner: _____

Address: _____

Phone: _____

Email: _____

Horse Name: _____

Breed: _____ **Sex:** _____ **Age:** _____

Does Horse have any Dangerous Propensities? _____

If yes, describe: _____

Medical History of Horse:

Does your horse have a history of:

Colic? _____

If Yes, when _____

Founder? _____

If Yes, when? _____

Allergies, if known _____

Current Immunization Record:

Encephalomyelitis Eastern & Western Strains Date: _____
Tetanus Toxoid Date: _____
Rabies Date: _____
West Nile Date: _____
Rhino/Flu: _____
Date of last deworming: _____
What Product? _____
Coggins Test Date: _____

Feeding Program:

Grain:
Type: _____
Amount: _____
Hay:
Type: _____
Amount: _____
Special Care Requirements: _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY, IF OWNER IS CANNOT BE REACHED:

Name _____
Phone No. _____
Insurance Carrier Policy No. _____
Insurance contact Phone No. _____
Emergencies No. _____

Initial Below:

This horse **IS CONSIDERED** a Surgical Candidate in the Event of Colic or Serious Illness. _____

This horse **IS NOT CONSIDERED** a Surgical Candidate in the Event of Colic or Serious Illness. _____

MOUNTAIN VIEW EQUINE HOSPITAL, LLC SHALL ASSUME THAT OWNER DESIRES SURGICAL CARE IF RECOMMENDED BY A VETERINARIAN IN THE EVENT OF COLIC, OR OTHER LIFE-THREATENING ILLNESS IF THE ABOVE "IS CONSIDERED SURGICAL CANDIDATE" IS INITIALED.

OWNERS AGENT AUTHORIZATION RELEASE:

“Owner” hereby authorizes the following person(s) to make decisions in the Owner's place with regard to the health (including but not limited to vaccinations, farrier, dental care, and lameness), well-being, and/or medical treatment of the horse.

Authorized Agent Name: _____

Address: _____

Phone: _____

Mountain View Equine Hospital, LLC. will not be held liable in any way for any decision regarding health of horse made by Authorized Agent. If the above Agent is no longer acting as Agent for “Owner” it is the “Owners” responsibility to notify Mountain View Equine Hospital, LLC. in writing.

Signature

Date