



P.O. Box 9612 Knoxville, TN
37940
865-309-5160
kareveterinaryservices@gmail.com

EQUINE INFORMATION

Horse's Name: _____ Age or Date of Birth: _____

Breed: _____ Color: _____ stallion/gelding/mare

Regular Veterinarian/Hospital: _____ Phone: _____

How much time does your horse spend on pasture? (circle one)
None Daily Turnout (indicate number of hours) _____ 24 hours

What do you use your horse for? _____

If your horse receives supplemental feed in addition to pasture what type/how often/how much feed is provided?

Current Medication (Include Supplements, Vitamins, Parasite Control, over the counter products and prescription products): _____

Aside from the medications listed above; please describe any other treatments (massage/chiropractic/acupuncture etc.) your horse is currently receiving and why.

Please indicate if your horse currently suffers from any of the following and provide details (when/how diagnosed previous treatments/results).

- Respiratory Conditions (COPD, chronic cough etc.) _____
- Arthritis (hock, stifle etc.) _____
- Navicular Syndrome _____
- Back Pain _____
- Tendon/Ligament Injury _____
- Laminitis _____
- Cushings _____
- Equine Metabolic Syndrome _____
- Uveitis (Moon Blindness) _____
- Chronic/Acute Colic _____
- Any other conditions? _____

What is your main concern about your horse that has led you to consider acupuncture?
