



Willow Creek Equine
Veterinary Services LLC

47 RIDGE CREST DRIVE
FLEETWOOD, PA 19522
OFFICE - 610.926.4838
WWW.WCEVS.COM

PATIENT INFORMATION SHEET – Do you OWN or LEASE this horse? – circle appropriate option.

Has this horse ever been treated previously by our clinic? Yes / No

Registered Name: _____ Barn Name of Horse: _____

Date of Birth/Age: _____ Breed: _____

Color(s): _____ Sex: Mare / Gelding / Stallion

Registration #: _____ Brand(s): _____

Microchip #: _____ Tattoo / Freeze Brand #: _____

Is this horse insured? Yes / No - If Yes, please fill out information below.

Insurance Company: _____

Are there multiple owners of this horse? Yes / No - If Yes, please fill out additional owner contact information below.

Name: _____ Phone #: _____

Address: _____ Email: _____

In case of emergency, notify: _____ Phone #: _____

Medical History:

Relevant History: (i.e. colic, Cushings, etc.) _____

Current Medications/Supplements: _____

Breeding History (if any): _____

Deworming History: Last Product Used: _____ Date: _____

Fecal Testing: Date: _____ Results: _____

Coggins Testing: Yes / No - If yes, please attach a current legible copy.

Float History: Date: _____ Performed By: _____

Vaccine History: - Please attach any medical and vaccine records from previous veterinarian.

Rabies – Date Last Given: _____

EWT – Date Last Given: _____

WNV – Date Last Given: _____

Flu/Rhino – Date Last Given: _____

Potomac Horse Fever – Date Last Given: _____

Botulism – Date Last Given: _____

Pneumabort K - Date Last Given: _____

Pinnacle (Strangles) – Date Last Given: _____

Any Additional Information: _____

Please use one sheet per horse – Thank you.