



EQUINE ENERGIES™, L.L.C.

Therapeutic Solutions for the Equine Athlete

History Form

Name of Owner _____ Name of Horse _____

Home Phone _____ Business Phone _____

Veterinarian's Name _____ Phone _____

Veterinarian's Name _____ Phone _____

Immunizations Current Yes No De-worming Current Yes No

Dental Care Current Yes No Currently Under Vet's Care Yes No

Supplements _____

Horse's Activities / Duties / Occupation _____

Problem, Condition, Injuries, Visible Markings Upon Arrival _____

Habits / Vices (Eating or Other) _____

Contraindications Pregnant Cancer Denervation Pacemaker
 Hock fusion Metallic-based compounds (Betadine, iodine, etc.)

Additional Comments _____

Owner: _____
(Printed Name) _____ (Signature)

Date: _____