

NAME OF OWNER (Last, First, M.I.): Michelin, Lola J.

ADDRESS OF OWNER: 123 Paradise Lane
Here, WA 98000

Date: 9/11/2014
SX or Injury
Date: N/A
Phone: (123) 456-7890
Email: lola@lola.com
Alt. Phone: N/A

HEALTH HISTORY QUESTIONNAIRE

Name of Animal	Amarosso	<input type="checkbox"/> M <input type="checkbox"/> S <input checked="" type="checkbox"/> G	Birth Year or DOB: (approx. age if unknown)	5/2001
Breed/Discipline	Hanoverian / Hunter			
Attending veterinarian:	Dr. M. Thorn		Date of last physical exam:	4/5/2014

PERSONAL HEALTH HISTORY

Immunizations and dates:	<input checked="" type="checkbox"/> Tetanus	1/2012	<input checked="" type="checkbox"/> West Nile	8/15
	<input type="checkbox"/> Rabies		<input checked="" type="checkbox"/> Other	Leptospirosis 8/15
	<input checked="" type="checkbox"/> Influenza/Rhino	8/15	<input checked="" type="checkbox"/> Worming (type and date of last dose)	Ivermectin 5/14

List any medical problems that have been diagnosed by a veterinarian

Mild straight sesamoid ligament strain on RF in May of 2009

Surgeries

Year	Reason	Diagnosis or Treatment
N/A	—	—
—	—	—

Other Injuries or Conditions

Date	Symptoms or Cause	Diagnosis or Treatment
7/12	abrasion to RF medial leg	bandaging & O2 tx for five wks

List medications, supplements, herbal remedies...

Name the Drug or Supplement	Purpose	Dose and Frequency
Gln cos amine	joint supplement	daily 1200 mg
Psyllium	gut health	every 8 wks for 3dys
Triecta	vit/min supplement	daily

Allergies to medications

Name the Drug	Reaction Caused
N/A	—

HEALTH HABITS

Exercise	<input type="checkbox"/> Sedentary (No exercise)
	<input type="checkbox"/> Mild exercise (regular turn-out, occasional light riding)
	<input checked="" type="checkbox"/> Occasional vigorous exercise (regular riding program 2-4x/week)
	<input type="checkbox"/> Regular vigorous exercise (regular riding or training 4-6x/week)
Describe Type of Activities (frequency of riding, type of training, challenges in work, recent activity)	jumping 3'-3'6" occasional showing trail riding
Describe Behavior (recent changes, temperament)	friendly, sweet, lazy
Diet	Type of Forage: Timothy Amount: 10 lbs/day Frequency: 3x
	Type of Grain: Senior Amount: 4 lbs/day Frequency: 2x (2lbs)
	Fat Supplement (ie: corn oil, flax seed...): no brain oil / flax / sunflower

FAMILY HEALTH HISTORY

	NAME	SIGNIFICANT HEALTH PROBLEMS	AGE	SIGNIFICANT HEALTH PROBLEMS
Dam	Amaretta	N/A	Siblings <input type="checkbox"/> M <input checked="" type="checkbox"/> F x 4	N/A
Sire	Winneton	N/A	<input checked="" type="checkbox"/> M x 3 <input type="checkbox"/> F	lw/kidney failure

GENERAL HEALTH

Is the animal receiving physical therapy for a condition? (describe)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the animal eating and drinking normally? If not, describe.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the animal received massage before?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the animal adopt a specific posture regularly? (resting one foot, pointing a toe...)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the animal appear to sleep comfortably?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the animal restricted to stall rest?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the animal require bandaging? (describe)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the animal require hydrotherapy? (describe)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is there any additional information you would like to share?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

OTHER PROBLEMS

Check if you have noticed any symptoms in the following areas to a significant degree and briefly explain.

<input checked="" type="checkbox"/> Skin <i>sensitive</i>	<input type="checkbox"/> Chest/Heart	<input type="checkbox"/> Recent changes in:
<input type="checkbox"/> Head/Neck	<input type="checkbox"/> Back	<input type="checkbox"/> Weight
<input type="checkbox"/> Ears	<input type="checkbox"/> Intestinal	<input checked="" type="checkbox"/> Energy level
<input type="checkbox"/> Nose	<input type="checkbox"/> Bladder	<input type="checkbox"/> Performance
<input type="checkbox"/> Ears	<input type="checkbox"/> Genitals	<input type="checkbox"/> Other pain/discomfort:
<input type="checkbox"/> Throat or Lungs	<input type="checkbox"/> Circulation	

ADDITIONAL NOTES

NOTES REGARDING MASSAGE PROTOCOL DESIGN (INFLAMMATORY/REPAIRATIVE/REGENERATIVE STAGES)

Maintenance (m) 2x/mos to help maintain musculoskeletal health while in work.