

Horse Illness/Injury Event

Horse's Name _____

Owner's Name _____

Date and Time Illness Presented _____

Brief Description of Illness _____

VITALS

Pulse _____

Respiration Rate _____

Temperature _____

Mucous Membrane Color & Condition _____

Cap Refill Rate _____

Gut Sounds _____

CIRCUMSTANCES

Last Meal Eaten _____ Time _____

Last Turnout _____ Alone / Group

How was horse found _____

Known Pre-existing Condition _____

Medications Horse Receives _____

Recent Vaccinations & Dates Given _____

Last Worming and product _____

SYMPTOMS PRESENT (circle all that apply)

Not Eating Depression Pawing Lying Down Rolling Sweating

Pacing No Bowel Movements Diarrhea Very Gassy Gut Sounds

No Gut Sounds Fever Sand in Manure Panting Fever Swollen Glands

Coughing Sneezing Loud Respiration Muscle Spasms Snotty Nose

Dehydration Shivering/Shaking Slime Coming out of Nose Reluctant to Move

Standing Camped Out / Under Strong Digital Pulse Lameness (RF LF RH LH)

Heat in Feet (FR LF RH LH) Open Wound (area: _____)

Swelling (area: _____) Foreign Body (describe below)

Other Symptoms: _____

First Aid Treatment: _____

Vet called: Y / N Vet's name _____

Veterinary Visit: Y / N Date _____ (Attach report if available)

Diagnosis: _____

Vet Treatment Recommended: _____
