

PRE-EXISTING MEDICAL CONDITIONS FORM



NICOLE SKYRME
VETERINARY PHYSIOTHERAPY

Owners name:

Horses name:

Breed and colour:

Age: Sex:

Date:

Has your horse been diagnosed with the following?			
	YES	NO	Details (Date of diagnosis, medication...)
Neurological conditions e.g., wobblers or stringhalt.			
Heart conditions e.g., murmur, heart disease.			
Respiratory conditions e.g., equine asthma and recurrent airway obstruction.			
Sarcoids			
Equine metabolic disorder			
Pituitary pars intermedia dysfunction (Cushing's disease)			
Benign tumours			
Cancerous tumours			
Skin conditions			
Allergies			
Eye conditions and/or blindness			
Deafness			
Chronic lameness			
Gastric ulcers			
Others (please state)			
Is your horse currently...	YES	NO	Details
Pregnant			

Please confirm your horse is free from any bacterial, fungal and viral infections at this point in time such as Ringworm, Strangles, Equine Herpes Virus (EHV) and Equine Influenza.

Signed: