

AMULET EQUINE REHAB AND CONDITIONING CENTER
550 Rostraver Road
Belle Vernon, PA 15012
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(724)268-3192 (Fax line)
Office.amuletrehabcenter@gmail.com

ADMISSION FORM HISTORY AND MEDICAL INFORMATION:

Client Name: _____

Patient Name: _____

In order to develop an effective and safe rehab and conditioning program for specified to your horses needs, we ask that you help us learn more about your horse and his or her situation by answering the following questions:

1. What does his/her *daily* routine involve? Does horse travel? Is horse in competition or racing? What is home environment like? What stresses is horse exposed to?
2. What is his/her fitness level?
3. Is he/she on any medications or supplements? If so, list names and doses.
4. What is horse's typical diet?
5. Describe briefly the nature of the injury if one exists. When did injury occur?
6. Temperament or special things we need to know to keep him/her and our staff as safe and comfortable as possible. (i.e. My horse is afraid of dogs or My horse will kick when you walk into stall).
7. Desired results of rehab and conditioning:
8. Vaccine history:
Rabies vaccine date given: _____ Tetanus vaccine date given: _____
Coggins presented _____ Health Certificate presented _____