



Trillium
Veterinary Acupuncture and Chiropractic

Horse History & Information Form

Owners Name: _____

Horse's Name: _____ Discipline: _____

Breed: _____ Age: _____ Sex: _____

Color: _____ Markings: _____

Facility: _____ Trainer: _____

Please describe the current problem or the reason or seeking treatment: _____

Please list any past injuries, significant illnesses or surgeries: _____

Any prior joint injections? _____

Is your pet being currently being treated for a specific condition (beyond routine care)? If so
please describe and list treating veterinarian. _____

Is your pet being seen by other health professionals (i.e. massage, chiropractor, acupuncturist? __

Current medications: _____

Current Supplements: _____

When were the horse's teeth last floated? _____

~ Stacie K Seymour DVM~
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