

Juliea McCall, DVM
Animal Acupuncture
Chiropractic
(585) 662-7617

Horse's Name: _____

Age: _____ Breed: _____ M/S/G Date: _____

Stable Address: _____

Horse's Job: _____

Owner Name: _____

Address: _____

Phone(s): _____ Email: _____

Primary Veterinarian: _____

Do you give Dr. McCall permission to communicate with your primary veterinarian, if necessary, regarding her exam findings, diagnoses, and your horse's health?
(please circle one) Yes / No

Current Medications: _____

Any Supplements or Herbs: _____

Horse's Diet: _____

Patient Presenting Complaint –

Please describe the reason your horse is being seen today:

Is there anything that worsens the condition? (weather, work, medications, etc.)

Is there anything that improves the condition? (weather, work, medications, etc.)

Has your horse been seen previously for this same condition? Please describe.

What are your goals for your Horse?

Is there anything else that you would like to tell us about your horse?