



WESTERN PRAIRIE EQUINE SERVICE

1020 E. 8th St.

Hays, KS 67601

785-656-4568

Kris Harris, DVM, DABVP (equine)

NEW CLIENT FORM

Client Name: _____

Address: _____ City, St., Zip: _____

Primary Phone: _____ Spouse/Other phone: _____

E-mail: _____

	<u>Name</u>	<u>Breed</u>	<u>Color</u>	<u>Sex</u>	<u>DOB/Age</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Current medications: _____

Current diet: _____

Is your horse routinely dewormed: _____ Approx. date for last deworming: _____

Last dewormer used: _____

Is your horse current on vaccinations? (Check all that apply)

Sleeping Sickness (EEE/WEE)

Tetanus

West Nile

Influenza

Rhino (EHV-4)

Rabies

Strangles

Is your horse current on Coggins: _____

What is your horse's primary occupation? (pleasure, roping, cutting, etc.): _____

Is your horse around other horses: _____

Has your horse had teeth floated: _____ Approx. date: _____