

**MOUNTAIN EMPIRE LARGE ANIMAL HOSPITAL  
STABLE INFORMATION FORM**

Registered Name \_\_\_\_\_ Barn Name \_\_\_\_\_

Breed \_\_\_\_\_ DOB/AGE \_\_\_\_\_

Mare Gelding Stallion (circle one) Color \_\_\_\_\_ Markings \_\_\_\_\_

Is Horse Insured? Y N (circle one) If yes, with who? \_\_\_\_\_

Vaccination/Medical History (Please list the date horse last received the following)

Eastern/Western Encephalomyelitis \_\_\_\_\_ West Nile \_\_\_\_\_

Tetanus \_\_\_\_\_ Rhino/Flu \_\_\_\_\_ Strangles \_\_\_\_\_

Rabies \_\_\_\_\_ Potomac Horse Fever \_\_\_\_\_ Botulism \_\_\_\_\_

Other Vaccinations \_\_\_\_\_ Date of last Coggins test \_\_\_\_\_

Last Deworming \_\_\_\_\_ With what product? \_\_\_\_\_

Dental History/Last Float? \_\_\_\_\_

Does horse have any medical conditions we should be aware of (HYPP,EPM, etc)? \_\_\_\_\_

\_\_\_\_\_

Where is horse stabled \_\_\_\_\_ Phone Number(\_\_\_\_) \_\_\_\_\_

Authorized Agent \_\_\_\_\_

I authorize my agent/stable to make appointments and order medication for my horse and give them permission to charge such appointments/medications to my credit card. Yes No (circle one)

\_\_\_\_\_ I hereby authorize Mountain Empire Large Animal Hospital to provide routine and emergency care to my horse(s) in my absence or at the request of my barn management/trainer/authorized agent.

\_\_\_\_\_ If I am not present for emergency services and cannot be reached to discuss the horses condition, cost, and prognosis, I only authorize the following amount \$ \_\_\_\_\_ in services that can be provided until I am reached.

***Veterinary Services Will NOT Be Provided Without Signature And Initials***