

Equine Veterinary Services
Ilka Wagner, DVM

New Patient Information

Owner: _____

Address: _____

Phone: Home _____ Cell: _____ Work: _____

Email: _____

Insurance agency/contact: _____

Horse's name: _____

Year born or Age: _____ Sex: Mare Stallion Gelding

Breed: _____ Color: _____

Vaccination history:

EWT _____ Rhino-Influenza _____ WNV _____ Rabies _____

Strangles _____

Date of last Coggins test: _____

Date of last deworming: _____ Product used: _____

1428 Reynolds Lane
Hearne, TX 77859
979-279-9159

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1) Does your horse have any known allergies? Y or N, if yes, please explain:

2) Does your horse have any medical conditions that require attention or receiving any medications? Y or N, if yes, please explain:
