

**Horse 'n**



**Hound**

**Physical Therapy**

www.hnhpt.com info@hnhpt.com 603 465 4444  
288 S Merrimack Rd, Hollis, NH 03049

**Owner and Animal General Information**

Date: \_\_\_/\_\_\_/\_\_\_

Owner Name: \_\_\_\_\_

Animal's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Animal Location address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #s: Home \_\_\_\_\_

(for Equine) Barn # \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Owner's e-mail: \_\_\_\_\_

Breed, age, sex, and coloring: \_\_\_\_\_

\_\_\_\_\_

How long have owned the animal? \_\_\_\_\_

What do you consider to be the animal's primary issue? \_\_\_\_\_

\_\_\_\_\_

Secondary issues? \_\_\_\_\_

\_\_\_\_\_

How long have the problem(s) been prevalent? \_\_\_\_\_

History of past injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about HnHPT? \_\_\_\_\_

**Veterinary Treatment History:**

Vet name: \_\_\_\_\_ Vet phone # \_\_\_\_\_

Vet address \_\_\_\_\_

Vet e-mail: \_\_\_\_\_

Last vetted? \_\_\_/\_\_\_/\_\_\_

Working Diagnosis/Reason for referral (if any) \_\_\_\_\_

\_\_\_\_\_

Is the vet aware of your animal receiving rehab? Y / N

Current Rx's and Medications? \_\_\_\_\_

Current Vaccinations? Rabies: \_\_\_/\_\_\_/\_\_\_ Distemper: \_\_\_/\_\_\_/\_\_\_

Kennel Cough: \_\_\_/\_\_\_/\_\_\_ Other Vaccination \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Has your animal (or equine barn or canine kennel) been exposed to any infectious animal diseases in the last 6 mos? Y / N

### **Behavior and Personality**

Does your animal have any vices? towards humans? i.e., kicking ,biting, etc?

Describe your animals' typical temperament?

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### **FOR EQUINES ONLY**

Farrier Name; \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Shoeing/trim style for your Animal: \_\_\_\_\_

Past History of any sig. illness or lameness? \_\_\_\_\_

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Riding/work discipline? \_\_\_\_\_

What level? \_\_\_\_\_

Competition Use? \_\_\_\_\_

Frequency of Use? \_\_\_\_\_

Anything else you think we should know?

***Thank you for this detailed history!***