

Veterinary Chiropractic and Rehabilitation Clinic
Dr. Robin Robinett
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Equine Information and Questionnaire

Owners Name: _____ **DATE:** _____

Horse's name: _____ Breed: _____

Sex: _____ Color: _____ Date of Birth: _____

Hand Height: _____ Barn Name and Address: _____

What are your primary reasons for scheduling this visit?

Acupuncture - Chiropractic - Rehabilitation - Underwater Treadmill

Would you be interested in some other services we provide? (Additional fees may apply)

- ___ Laser Therapy
- ___ Therapeutic Exercise
- ___ Nutrition and Food Therapy Consultation
- ___ Young Living Essential Oils Consultation
- ___ Core Stretching and Exercise Techniques
- ___ Massage and Trigger Point Therapy
- ___ Saddle Fit

What are your goals that you wish to achieve for your horse by visiting VCRC?

What changes have you noticed in your horse's activity and for how long?

What and how much does your horse eat?

Is your horse on any medication? (Please include product name, dose and frequency)

Is your horse on any supplements? (Please include product name, dose and frequency)

What personality characteristics fit your horse?

- | | | |
|--|--|---|
| <input type="checkbox"/> Dominant behavior/attitude | <input type="checkbox"/> Easily excited | <input type="checkbox"/> Honest and Kind |
| <input type="checkbox"/> Quick or fast | <input type="checkbox"/> Extroverted | <input type="checkbox"/> Takes care of others |
| <input type="checkbox"/> Enjoys running or moving | <input type="checkbox"/> Love to be loved | <input type="checkbox"/> Generous and modest |
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Center of the party | <input type="checkbox"/> Laid back |
| <input type="checkbox"/> Easily angered or loses temper | <input type="checkbox"/> Social | <input type="checkbox"/> Humble |
| <input type="checkbox"/> Alert and responds quickly to stimuli | <input type="checkbox"/> Difficult to calm down | <input type="checkbox"/> Walks neither fast or slow |
| <input type="checkbox"/> Adapts well to changes | <input type="checkbox"/> Very smart | <input type="checkbox"/> Easily satisfied |
| <input type="checkbox"/> Narrow minded or intolerant | <input type="checkbox"/> Persuasive | <input type="checkbox"/> Slow response to stimulus |
| <input type="checkbox"/> Organized | <input type="checkbox"/> Introverted | <input type="checkbox"/> Evil or sinister |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Terrified, fearful about everything | |
| <input type="checkbox"/> Always follows the rules | <input type="checkbox"/> Quiet, but good observer | |
| <input type="checkbox"/> Righteous | <input type="checkbox"/> Skilled at planning and scheming | |
| <input type="checkbox"/> Aloof | <input type="checkbox"/> Good supervisor | |
| <input type="checkbox"/> Confident and consistent | <input type="checkbox"/> Ok with being alone | |
| <input type="checkbox"/> Vain | <input type="checkbox"/> Biter | |

How does your horse react to meeting strangers or new situations?

What is your horse's job?

How often is your horse stalled?

How often is your horse worked?

Has your horse had any previous history of lameness?

Has the saddle you ride your horse with been fitted for them?

Does your horse react negatively to being saddled?

When was the last time your horse's teeth were floated?

Is there a certain time during the day that your horse is at its best or worst?

Does your Horse have any of the following problems?

- | | | |
|--|--|--|
| <input type="checkbox"/> Abscess | <input type="checkbox"/> Depression | <input type="checkbox"/> Limping |
| <input type="checkbox"/> Anhydrosis (Non-sweating) | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Loss of balance |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Excessive thirst | <input type="checkbox"/> Muscle Tremors |
| <input type="checkbox"/> Behavior problems | <input type="checkbox"/> Gagging | <input type="checkbox"/> Muscle soreness |
| <input type="checkbox"/> Bleeding gums | <input type="checkbox"/> Head tossing | <input type="checkbox"/> Shaking/Trembling |
| <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Heaves | <input type="checkbox"/> Skin Infections |
| <input type="checkbox"/> Colic | <input type="checkbox"/> Increased urination | <input type="checkbox"/> Skin Tumors |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Lack of appetite | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Cribbing | <input type="checkbox"/> Lameness | |
| <input type="checkbox"/> Cushing's | <input type="checkbox"/> Laminitis | |

Has your horse had any other medical problems we need to know?

Is there anything else you think we should know about your horse?

Do we have permission to use any photographs taken of you or your horse at VCRC on our website and/or social media?

I hereby authorize Dr. Robin Robinett and/or staff to examine, prescribe for, and treat the horse described above. I assume responsibility for all charges incurred in the care of this animal. I also understand that payment is due when services are rendered.

Signature _____ Date _____