



JOHNSON CHIROPRACTIC ANIMAL CLINIC

304 Norris Road ~ Perth, ON
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Equine Health Profile

Patient # _____

Horse's Name: _____ Date of Birth: dd ____/mm____/yy____

Owner's Name: _____ Phone: (home) _____

Address: _____ (work) _____

Veterinarian: _____ Phone: _____ Clinic: _____

Has your horse ever received chiropractic care? yes no

If yes by whom: _____ When? _____

How did you discover the Johnson Animal Chiropractic Clinic? _____

Present reason for consulting our office:

Pain relief care only Correction & prevention of existing problem?

Please describe your horse's current problem, if any....

When did this problem start? (Specific date if possible) _____

Is the condition worse in: AM PM No difference

Is condition getting progressively worse? Yes No Staying the same

Aggravated by: walking trotting cantering bridle use
 bending saddle girth

Relieved by: activity rest medication (name) _____

Anything else you have done to relieve it? _____

Have you had x-rays, CT Scans, MRI's or ultrasound taken ? yes no

If yes.... when? _____ Where? _____

Current or past conditions: (✓ all that apply)

- Cancer _____ Anxiety _____ Arthritis _____
 Bowel problems Urinary problems Hip Issues Infections _____
 Vision trouble Hearing trouble Breathing issues Stifle Issues
 Hock Issues Fetlock Issues Pastern Issues Shoeing issues

History:

- Any changes in behaviour? Yes No _____ Aggression? Yes No
Any changes in sleeping patterns? Yes No
Have they had their saddle fitted? Yes No When _____?
Do they object to being saddled? Yes No Do they buck or rear? Yes No
Has there been any incontinence? Yes No Any changes in their eating/drinking? Yes No
Any weight loss? Yes No Are they walking into things? Yes No
Do they refuse jumps? Yes No Do they stumble or trip frequently? Yes No
Any unusual behaviours? Yes No If yes, please describe _____
Are they recently more reactive around other horses? Yes No

List any and all medication your horse is currently taking: _____

Please list any herbs, nutritional supplements or natural home remedies your horse takes regularly: _____

List any surgeries and include when? _____

Please describe any falls or major injuries (include month/year, type of accident)
