



CLIENT INFORMATION

Client Name	
Home Address	
Email Address	
Home Phone	
Cell Phone	
Work Phone	

IN CASE OF EMERGENCY, PLEASE CONTACT

Name		Phone	
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PATIENT INFORMATION

Patient Name			
Registered Name			
Breed		Gender	Mare Stal. Geld.
Date of Birth		Current Age	
Owned Since			
Current Barn Address			

VACCINATION HISTORY

(Please provide the date of most recent vaccinations)

EW&T	
West Nile Virus	
Strep. equi	
Flu/Rhine	

DEWORMING HISTORY

(Please provide the last 12 months deworming history and/or fecal egg count results)

ADDITIONAL HISTORY

Any known allergies and/or vaccination reactions?

Past surgeries you would like us to be aware of?

Additional information to be added to health record?

[If you have questions please don't hesitate to contact me by phone or email.](#)



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