



Reproduction – Admittance Form

Arrival Date: _____

Patient Information:

Registered name: _____

Barn name: _____

Registration #: _____

Breed: _____

Age: _____ Color: _____

Gender: Male Female

Owner name: _____

Phone number: _____

Email: _____

Preference for Contact: Call Text Email

Feeding Instructions:

Hay: Grass Hay Alfalfa Mix

_____ of flakes per day (approximate)

Grain: No Yes

Type: _____

_____ of Scoops Once / Twice per day

Other supplements: _____

(Grain/supplement administration fee applies)

Signalment on Arrival:

BCS: _____ (scale out of 9) _____

T _____ P _____ R _____

Other comments: _____

Turn Out Instructions:

Inside Only Outside Only

Other: _____

Possessions left with horse _____

Please do not leave your mare's halter

History:

Last vaccine given/type: _____

Last deworming and product used: _____

Breeding history: _____

Relevant medical history: _____

Special instructions: _____

Discharge date:

File billed File scanned

