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Owner's Name:

Address:

Telephone:

Fax:

E-mail:

Would you like to be on our email list? (please circle one) Y N

Horse's Name:

Age:

Breed:

Gender:

Color/ markings (brief description):

Presenting complaint (reason for visit):

Horse's Occupation:

Frequency (# times ridden per week) and intensity of work:

Veterinarian:

Recent vet work and date(s):

Annual vaccinations and dates:

Describe deworming protocol:

Other health issues:

Farrier:

Date of last farriery:

Type of shoes (if any):

Dentist:

Date of last dentistry:

Traumatic events:

Current medications:

Feed type (bring analysis tag from feed bags if available):

Feed supplements:

Hay type: