



Kopec Veterinary Associates

24 Hour Mobile Equine Service And Haul In Facility

400 Stackstown Road, Marietta, PA 17547

717-361-8700, 717-361-8708 fax

www.kvaequine.com

OWNER NAME: _____ **KVA ACCOUNT #:** _____

HORSE INFORMATION— Do you Own or Lease this horse?

REGISTERED NAME: _____

BARN (call) NAME: _____

DATE OF BIRTH/AGE: _____ **BREED:** _____

COLOR(S): _____ **GENDER:** MARE GELDING STALLION

Registration #: _____ **Tattoo#:** _____

Brands: _____ **Microchip#:** _____

Is this horse insured? NO YES If yes, please complete the insurance information below.

INSURANCE COMPANY NAME: _____

PHONE: _____ **POLICY #:** _____

Does this horse have multiple owners: NO YES

Additional owner contact information if applicable: _____

Has this horse ever been treated previously by our clinic? NO YES

In case of emergency, notify: _____ **Phone:** _____

RELEVANT MEDICAL HISTORY (ex. Colic, Cushings) _____

Medications: _____ **Supplements:** _____

BREEDING HISTORY(if any): _____

VACCINE HISTORY:

Vaccine and medical records can be attached from previous veterinarian

E/W Enceph Tetanus — **Date:** _____ *West Nile* — **Date:** _____

Rhino/Flu — **Date:** _____ *Rabies* — **Date:** _____

Potomac — **Date:** _____ *Strangles* — **Date:** _____

Botulism — **Date:** _____ *Other:* _____

Coggins testing: NO YES **Date:** _____ **Please attach a current copy**

DEWORMING HISTORY: Product: _____ **Date:** _____

FECAL TESTING: Date: _____ **Results:** _____

Additional Information: _____

Multiple horses? This page can be printed and submitted for each horse.