

FOX RUN EQUINE CENTER

798 Fox Road
Apollo, PA 15613
Phone (724) 727-3481
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Brian S. Burks, D.V.M.,
Diplomate A.B.V.P.

John M. Leonard, V.M.D.

Owner: _____ Date ____/____/____

Home Phone: _____ Cell Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Patient: _____ Age: _____ Breed: _____ Gender: _____ Color: _____

Reason for visit: _____

History of Present Illness: _____

Past History: What Happened and When

- Medical: _____
- Surgical: _____
- Trauma: _____

Vaccinations: _____

Coggins: _____

Deworming Program: _____

Current Diet: _____

Is Your Horse Covered By Insurance? No ____ Yes ____

Insurance Company and Policy Number: _____

Mares: Currently (circle) pregnant or nursing? Days of gestation: _____ Age of foal: _____

Currently Eating? Yes ____ No ____ Eating normally? Yes ____ No ____

Describe Eating: _____

Additional Information: _____
