

Flying Horse Veterinary Practice  
 Brandy Snedden, DVM  
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 Tel: (740)527-0789 Fax: (614)372-87891

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone numbers Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Barn Address: \_\_\_\_\_

Directions to barn: \_\_\_\_\_

Farrier name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance name: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Information	Horse #1	Horse #2
Name		
Breed		
Age		
Sex		
Color		
Primary use of horse		
History of serious illness?*		
Allergies to medication?*		
Current Medications/supplement*		
Last deworming date/product		
Coggins date		
Last dental exam/floating		
<b>Vaccination History</b>	<b>Date vaccine was last administered</b>	
Rabies		
West Nile		
Easter/Western Encephalitis		
Rhinopneumonitis		
Influenza		
Tetanus		
Strangles		
Other		

\*Include further details on the reverse

I hereby authorize Flying Horse Veterinary Practice, LLC to provide veterinary care for my horse(s) listed above. Veterinary care includes the performance of procedures and use of appropriate anesthetics and other medications as deemed necessary in the exercise of the practice veterinarian's professional judgment. I further understand that I am financially responsible for payment of all fees for veterinary services, late charges and/or collection costs as described in this practice's financial policy.

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Date Print Name of Owner or Agent for Owner Signature of Owner or Agent for Owner