



Date \_\_\_\_\_

Reason for Calling Equine Thermal Care \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Contact Information**

Horse Owner: \_\_\_\_\_

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

Phone: \_\_\_\_\_ eMail: \_\_\_\_\_

Contact Person if Different: \_\_\_\_\_

Phone: \_\_\_\_\_ eMail: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

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

Phone: \_\_\_\_\_ eMail: \_\_\_\_\_

**Patient Information**

Name of Horse: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Breed: \_\_\_\_\_

Purpose of Use of the Horse: \_\_\_\_\_

Discipline and Level Worked At: \_\_\_\_\_

Is the horse stabled or kept outdoors? \_\_\_\_\_

How is his/her appetite? \_\_\_\_\_

What is his/her regular diet? \_\_\_\_\_

List and Vitamins or Supplements: \_\_\_\_\_

Has the horse recently fallen, slipped or been kicked?    \_\_\_ Yes            \_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_



# Equine Thermal Care

INFRARED THERMAL IMAGING

[www.EquineThermalCare.com](http://www.EquineThermalCare.com)

When recently ridden did the rider experience any of the following in your horse?

- |  |  |
|--|--|
| <input type="checkbox"/> Any stiffness       | <input type="checkbox"/> Difficulties on corners or tight circles                                |
| <input type="checkbox"/> Resistance          | <input type="checkbox"/> Unwillingness to jump   |
| <input type="checkbox"/> Evasion of the bit  | <input type="checkbox"/> Frequent change of leg at canter or gallop                              |
| <input type="checkbox"/> Excessive hollowing | <input type="checkbox"/> Horse trying to bump rider from one diagonal to another at posting trot |

## Medical History

List Current Health Issues \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Past Health Issues and Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

History of Lameness (location of lameness and date) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any surgeries (explain and include date) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Lameness Assessment

If lame, when did you first see the signs? \_\_\_\_\_

Was onset of lameness sudden?  Yes  No

If yes, what were you doing at the time lameness began? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you noticed any bumps swelling or heat?  Yes  No

If yes, where? \_\_\_\_\_

Is lameness better or worse on a hard or soft surface?  Yes  No



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If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## Behavior and Safety Information

Rate temperament 1-10. EAST GOING 1 2 3 4 5 6 7 8 9 10 HIGH STRUNG

Rate ground manners 1-10. POOR 1 2 3 4 5 6 7 8 9 10 EXCELLENT

Does the horse bite?  Yes  No

Does the horse kick?  Yes  No

Does the horse stand for farrier?  Yes  No

Is there anything else we should be aware of regarding your horse and behavior? \_\_\_\_\_  
\_\_\_\_\_

## Please Return This Form Prior To Your Imaging Appointment

When completed, please email ([info@EquineThermalCare.com](mailto:info@EquineThermalCare.com)) or fax back to us at 1-888-715-7618. If you have any questions, please do not hesitate to call us at 201-477-0009.