

**Elemental Equine Services, LLC  
P.O. Box 1642  
Ellicott City, MD 21041-1642**



**2598 Woodbine Road  
Lisbon, MD 21797**

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**Owner's Name:  
Address:**

**Telephone:  
Fax:  
E-mail:**

**Horse's Name:  
Age:  
Breed:  
Gender:  
Color/ markings (brief description):**

**Presenting complaint (reason for visit):**

**Veterinarian:  
Recent vet work and date:**

**Annual vaccinations and dates:**

**Last deworming – date and product used:  
Other health issues:**

**Farrier:  
Date of last farriery:  
Type of shoes (if any):  
Dentist:  
Date of last dentistry:**

**Horse's Occupation:  
Frequency (# times ridden per week) and intensity of work:**

**Traumatic events:**

**Current medications:**

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