

# CHAPTER ONE FARMS FOR RETIRED AND AGED EQUINES

## Requirements at Time of Admission

(To be completed and sent in once stall availability is confirmed)

❖ The Equine must be at least 20 years of age at the time of admission

❖ A Health Certificate must be provided at time of admission.

○ Name of current vet: \_\_\_\_\_

○ Contact Information: \_\_\_\_\_

❖ Horse must be up to date on the following vaccines:

Rabies, EWT, West Nile and Flu-Rhino vaccinations. Please note that these are the vaccinations given at Chapter One. The former owner assumes the cost of any additional vaccines they wish the horse to receive.

○ Date of Rabies vaccination: \_\_\_\_\_

○ Date of EWT vaccination: \_\_\_\_\_

○ Date of West Nile vaccination: \_\_\_\_\_

○ Date of Flu-Rhino vaccination: \_\_\_\_\_

○ List any additional vaccines given: \_\_\_\_\_

Negative Coggins test within one year of admission

○ Date of test: \_\_\_\_\_

ACTH test must be completed within 6 months of admission

○ Date of test \_\_\_\_\_

❖ Deworming must be done within 30 days of admission.

Date of deworming: \_\_\_\_\_

Dewormer used: \_\_\_\_\_

❖ Teeth must be floated and checked within 6 months of admission

Date of floating: \_\_\_\_\_

Who completed the floating: \_\_\_\_\_

Contact information: \_\_\_\_\_

Was the horse in need of sedation? \_\_\_\_\_

❖ Chapter Farm requires that shoes be removed prior to admittance, and that feet are trimmed within a six to eight week time frame. Shoes should be removed immediately after your acceptance of the available opening for your horse. If shoes need to remain on, the former owner accepts responsibility for cost of shoes for the lifetime of the horse.

Date shoes were removed: \_\_\_\_\_

Date of last trim: \_\_\_\_\_

Name of Farrier: \_\_\_\_\_.

Contact information: \_\_\_\_\_

❖ Please list current feed and any supplements or medications:

Feed: \_\_\_\_\_

Amount: \_\_\_\_\_

Supplements: \_\_\_\_\_

Hay

Other:

Should the horse have a prior medical condition requiring medicinal supplements the owner assumes all cost for the lifetime of the horse.

❖ Should a medical condition occur under Chapter One's care, may we contact you to help defray our costs?

No Yes Please sign your Initials \_\_\_\_\_

❖ Please describe current turnout arrangement

Does the horse usually reside outside 24/7 or is stalled at night?

❖ Are there any restrictions, if so please specify:

Does the horse have any particular behaviors or unusual habits? Please describe

Does the horse have any particular fears? Dogs? Cows? Other?

Have they been turned out in mixed herd?

Does the horse usually reside outside 24/7 or is stalled at night?

Please answer the following, providing details and dates where applicable:

❖ Does the horse have any known allergies? No Yes

If yes, what allergies? \_\_\_\_\_

❖ Does the horse have a history of navicular, laminitis, or founder? No Yes

If yes, please explain

❖ Has the horse ever been de-nerved? No Yes

if yes, please explain and give dates

❖ Has the horse received any joint injections, any type of medication or any preventative treatments in the last 24 months? No Yes

If yes, please explain:

❖ Has the horse ever undergone diagnostic ultrasound, X-Ray or MRI or received any surgical treatment for lameness? No Yes

If yes, please explain:

❖ Has the horse had any colic, impaction, colic surgery, or intestinal disorder within the last three years? No Yes

If yes, please explain

❖ Has the horse ever suffered from melanomas, sarcoids or any type of growth?

No Yes

If yes, please describe:

❖ Has the horse been examined or treated by a veterinarian for other than routine care in the last 12 months? No Yes

If yes, please explain what for and why

❖ Has the horse undergone prolonged (more than 14 days) treatment for illness or injury in the past three years? No Yes

If yes, please explain

❖ Has the horse been treated with Banamine, Bute, or any other anti-inflammatory drugs within the last year?

No Yes

If yes, please explain why:

❖ Does the horse have any dental problems (extremely poor or missing teeth)?

No Yes

If yes, please explain

Please provide any other applicable information: \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Do you plan to regularly visit?