



EQUINE NEUROLOGIC DISEASE WORKSHEET

General Information and History

Veterinarian: Name: _____ Address: _____ Phone: _____ Fax: _____	Owner of Animal: Name: _____ Address: _____ Phone: _____ Fax: _____
Trainer of Animal (if applicable): Name: _____ Address: _____ Phone: _____ Fax: _____	Location of Animal: Name: _____ Address: _____ Phone: _____ Fax: _____

Is the animal: Alive Dead Euthanized Date/time of death: _____

Signalment: Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare <input type="checkbox"/> If mare, is she pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Tattoo #: _____ Age: _____ Breed: _____ Color: _____ Use (racing, breeding, etc.): _____	Vaccination History: (check box if yes) Date of last vaccination? <input type="checkbox"/> EEE/WEE _____ <input type="checkbox"/> Tetanus _____ <input type="checkbox"/> Rabies _____ <input type="checkbox"/> EPM _____ <input type="checkbox"/> Lyme _____ <input type="checkbox"/> Rhino _____
Date/time of onset of illness: _____ Date/time of initial veterinary examination: _____	Other animals on farm? Yes <input type="checkbox"/> No <input type="checkbox"/> Species: _____ Number on farm: _____ Number sick: _____
Travel History: (list travel history for the past 30 days—if more space needed, check box <input type="checkbox"/> and continue on back of form) Date(s) traveled from farm: Traveled to (city, state): Duration of trip: Reason for trip (racing, show, trail ride, etc.) _____ _____ _____	