IRONGATE
EQUINE CLINIC

(608) 845-6006

Dr. Howard Ketover, DVM
Dr. Lisa Nesson, DVM
Dr. Pat Griffin, DVM, PhD, DACT

Horse Name

Sex: _____ **Age**: _____

Breed: _____

Color/Markings: _____

Avg Temp: _____°F
Avg Pulse: _____ beats/min
Avg Resp: _____breaths/min

AM Feeding: _____

_____

PM Feeding: _____

_____

Special Instructions:

Owner: _____ **Phone**: _____

Alternate: _____ **Phone**: _____
**Authorized to make medical decisions?* ☐ *Yes* ☐ *No*

Insurance Company: _____ **Phone**: _____

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