

**Morrisville State College  
Equine Rehabilitation Center  
Veterinary Referral and History Form**

Client's Name: \_\_\_\_\_

Horse's Name: \_\_\_\_\_

Age of Horse: \_\_\_\_\_

Vaccination History (give most recent date):

\_\_\_\_\_ Rabies                      \_\_\_\_\_ Tetanus                      \_\_\_\_\_ West Nile

\_\_\_\_\_ EEE/WEE                      \_\_\_\_\_ Influenza                      \_\_\_\_\_ Rhino

\_\_\_\_\_ Other (describe) \_\_\_\_\_

Presenting Complaint:

Date First Diagnosed / Identified: \_\_\_\_\_

Lameness Exam results:

Baseline lameness:

\_\_\_\_\_

Flexion tests:

\_\_\_\_\_

Perineural anesthesia:

\_\_\_\_\_

Intra-articular / Intra-synovial anesthesia:

\_\_\_\_\_

Diagnostic Imaging results: Please send any images to Dr. Morgan at [morganee@morrisville.edu](mailto:morganee@morrisville.edu)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Therapeutics:

Systemic Medications:

Current: \_\_\_\_\_

Response: \_\_\_\_\_

Previous: \_\_\_\_\_

Response: \_\_\_\_\_

Intra-articular / Intra-synovial Medications:

Medication	Date(s)	Response
_____		
_____		
_____		

Intra-lesional Therapy

Therapy	Date(s)
_____	
_____	

Current Exercise Protocol/Recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rehabilitation Protocol Recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_