

LAMENESS HISTORY FORM
Bandalero Ranch Equine
Client Question Form for Appointment and Patient Record

Date: _____ Phone Number(s): _____

Client: _____ Patient Name: _____

Breed: _____ Age: _____ Sex: _____

Verify Location: _____

-onset or when it began: _____

-forelimb(s) or hindlimb(s)? _____ 1 or both: _____

-weight bearing? Yes ___ No ___ If no, put in emergency call.

-severity of lameness: mild, moderate, severe, varying

-intermittent or constant? Getting worse or staying the same?

-swelling? Yes ___ No ___

-is there any heat? Yes ___ No ___

-wound present? Yes ___ No ___

Location: _____

Description: _____

-treatment given so far: _____

Can you trailer in to the clinic? Yes ___ No ___

NOTE: If your horse appears to be painful on both front feet or all four feet, reluctant to walk, walks stiffly "like on eggshells" with or without weight shifted back onto hind legs, presume laminitis and consider this an emergency until proven otherwise. Follow the instructions given in Emergencies-General Information and First Aid Treatment Notes and contact our office immediately by phone 570-727-2868.

Additional History/Comments: