



Stoven Hall Equine Clinic & Rehabilitation Centre Ltd

Dr Sally Kidner MRCVS BVM&S GPCert(EqP)

Stoven Hall Farm, Stoven, Beccles, Suffolk, NR34 8ET

Tel (01502) 575901 Company No. 6398269

email:info@stovenhallvets.co.uk www.stovenhallvets.co.uk

Equine Emergency Care Record

Owner Information

Owner Name:

Mobile number:

Home number:

Address:

Postcode:

Emergency Contact

Name:

Mobile number:

Home number:

Address:

Postcode:

Horse Details

Name:

Age:

Breed:

Colour:

Height:

Bites: Yes/No

Kicks: Yes/No

Temperament / behavior / quirks:

Emergency Horse Details

Farrier name:

Farrier telephone number:

Farrier due date:

Sedation required?:

Additional farrier info:

Veterinary practice name:

Daytime number:

Out of hours number:

Additional vet information:



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Feeding/Bedding/Turnout Information

Hard feed (to include names of feed and amounts and where to buy from if need more):

Supplements (to include names, dosage, storage and how to order more if required):

Medication (to include names, dosage, storage and how to order more if required):

Hay / Haylage Dry / Soaked / Steamed if soaked / steamed how long for:

Quantity and how often given:

Bedding: Shavings / Straw / Other

How often:

Stable Rugs

Stable Bandages / Boots: Yes/No

Stable therapy equipment: Yes / No

Additional information:

Stable routine (to include any stable quirks re feeding/mucking out):

Turnout rugs:

Turnout leg boots: Yes/No

Turnout overreach boots: Yes/No

Additional information:



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Turnout routine (*to include individual/group turnout, times of day, catching/turning out info*):

Any amendments during bad weather:

Pre-Existing Medical Conditions

Any current medical conditions (*to include past/present conditions*): Yes/No

Any Current Injuries: Yes/No

If yes further information and any special requirements:

Insurance

Is your horse insured for vet fees?: Yes / No

How much vet fee cover?:

Type of policy:



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Authorised Agent

In the event that it is not possible to contact me directly, I fully authorise the following person on my behalf to provide consent for necessary veterinary treatment or procedures:

Name of authorised agent:

Telephone number of authorised agent:

Signature of owner:

Additional Information

- If you have multiple horses, please consider labelling your equipment such as rugs, feed buckets, headcollars, grooming kits etc.

NAME:

DATE:

SIGNATURE: