

BARBOUR EQUINE VETERINARY SERVICES-DR RUTH BARBOUR

9452 WELLINGTON RD 22 HILLSBURGH ON N0B 1Z0 CELL 416-346-0073 FAX 519-855-6789
OFFICE 519-855-6488 E-MAIL ruth.barbour@sympatico.ca

OWNER'S AGREEMENT /REQUISITION FORM FOR VETERINARY EXAMINATION AND PROCEDURES

OWNER-

TEL.

HORSE-
SEX-

DESCRIPTION-

AGE-

BREED-

FARM/OWNER'S AGENT

TEL.

LOCATION/ADDRESS

Please check procedures required for the above horse-

___Deworming-specify if vet's choice or you require the following dewormer-

___Dentistry Power float with sedation___ Wolf teeth removal___

___Vaccinations-indicate type Rabies___ Tetanus/Western & Eastern Encephalitis___

EHV/Influenza___ West Nile Vaccine___ Potomac Horse Fever___

Botulism___ Pneumabor K___ Intranasal Strangles___

___Other examinations required-explain condition

___Other medication required-indicate medication given or dispensed

___Lameness examination including longeing, flexion tests

___EIA (Coggins) test

___Complete blood count

___Equine serum profile

___Drug Testing

___Other testing on blood/serum-eg. EPM, throid etc. Please state tests required-

___Radiography-If so, please check locations-___Front Feet ___Front ankles

___Hind ankles ___Hocks ___Both carpi ___Stifles

___Other radiographs-state body location

___Review of radiographs by surgeon, board certified radiologist, another veterinarian-Please state e-mail/ address of veterinarian you wish radiographs sent to-

___Ultrasound examination of the following structures-

Indicate any allergies, previous medical conditions- Yes___No___if yes, indi

I am responsible for the costs of the above procedures.

PURCHASER'S SIGNATURE

DATE