

**Equine Rehabilitation Services, LLC**  
Jennifer Brooks, PT CERP  
Certified Equine Rehabilitation Specialist  
603-566-6561

**History Evaluation Form**

Date: \_\_\_\_\_

Name of owner: \_\_\_\_\_ Name of horse: \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Phone #s \_\_\_\_\_ cell \_\_\_\_\_ barn \_\_\_\_\_

Location of horse: \_\_\_\_\_

Vet Name \_\_\_\_\_ Diagnosis \_\_\_\_\_

Is your vet aware of rehab treatment? Yes/ No

History of current illness? \_\_\_\_\_

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Past History of any sig. illness or lameness? \_\_\_\_\_

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Current Rx's and Medications? \_\_\_\_\_

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Vices towards humans? \_\_\_\_\_

Riding/work discipline? \_\_\_\_\_

What level? \_\_\_\_\_

Competition use? \_\_\_\_\_

Frequency of use? \_\_\_\_\_