

# Summary of Recommendations - Equine

<b>DATE OF VISIT</b>		<b>NAME OF OWNER &amp; CONTACT INFO</b>	
<b>RECOMMENDATIONS FOR OWNER</b>			
<p><input type="checkbox"/> That a private veterinarian examines all animals indicated for further evaluation and diagnostic testing including:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Physical examination</li> <li><input type="checkbox"/> Coggins (EIA) test</li> <li><input type="checkbox"/> Complete Blood Count (CBC) / Serum Chemistry</li> <li><input type="checkbox"/> Quantitative fecal examination &amp; development of an appropriate deworming program</li> <li><input type="checkbox"/> Any additional diagnostic tests as indicated by that veterinarian</li> <li><input type="checkbox"/> Dental examination &amp; all necessary dental work</li> <li><input type="checkbox"/> Formulation of a re-feeding plan (provided in writing)</li> <li><input type="checkbox"/> Formulation of an appropriate medical treatment program (provided in writing)</li> </ul> <p>The examination and follow-up testing should take place as soon as possible, but given the severity of the animal(s) conditions noted, no later than: _____</p> <p><input type="checkbox"/> That a qualified farrier be contacted to provide appropriate hoof care as soon as possible.</p> <p><input type="checkbox"/> That you contact your local Agricultural Extension Agent for information regarding pasture management and to obtain specific recommendations for the improvement and maintenance of this property. Please ask for these recommendations in writing.</p> <p><input type="checkbox"/> When following the progress of animals, this agency may have questions about the recommendations made by the professionals providing care to your animal(s). Please initial one of the following choices:</p> <ul style="list-style-type: none"> <li>— To avoid any confusion, I would like a representative from this agency be present when my animals are examined. I agree to call this agency as soon as I have the appointment scheduled to let this agency know the date, time, and location of this examination.</li> <li>— I would prefer to have this agency obtain a copy of the recommendations provided to me by my veterinarian, farrier or others providing care and authorize the release of any records of my animal(s) care to an representative of this agency. I am including their name and contact information below.</li> </ul> <p><input type="checkbox"/> Please remember to save all receipts for feed, veterinary care, and farrier work for your records.</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>			
<b>DATE</b>		<b>SIGNATURE RECEIVED BY</b>	
<b>DATE</b>		<b>SIGNATURE PREPARED BY</b>	

Case # \_\_\_\_\_

