



Hassinger Equine Service

450 Addor Road Aberdeen, NC 28315

910-281-4845

Rehab Referral

Fill out the following information, check the appropriate boxes and fax to 910-281-4845.

OWNER: _____ **DATE:** _____

Address: _____

Phone: _____

Credit card: _____ Exp date: _____

TRAINER / AGENT: _____

Address: _____

Phone: _____

rDVM: _____

Address: _____

Phone: _____ Email: _____

HORSE: _____

Age: _____ Breed: _____

Gender: _____ Height: _____

Color: _____

Weight: _____

Intended use: _____ Level: _____

Coggins: _____ Rabies: _____

E/W Enceph: _____ Strangles: _____

Flu/Rhino: _____ Deworm: _____

Tetanus: _____ Farrier: _____

Feed instructions: _____

HISTORY

INJURY HISTORY: _____

DURATION: _____

PREVIOUS WORKUP: _____ (rads, ultrasound, MRI, blocks, diagnosis)

ANY PREVIOUS TREATMENT: (intra-articular, meds, shockwave, stem cell, surgical)

RESPONSE TO TREATMENTS: _____
LEGEND / ADEQUAN: _____
CURRENT WORK LOAD: _____
FOOTING: _____
OTHER: _____

PLAN:

Treadmill: _____
Treatment: _____

Legend: _____
Adequan: _____
Imaging: _____
Other _____

