



Bannon Woods Veterinary Hospital

HORSE OWNER INFORMATION

Applicant's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Number: _____ Email Address: _____

Is this a re-enrollment: Yes: _____ No: _____

HORSE'S INFORMATION

Horse's Name: _____ Microchip _____

Boarding Location: _____

The Terms and Conditions of the Bannon Woods Veterinary Hospital Wellness Program are specified below. **To be eligible for the Colic Surgery Benefit in the wellness Program horses must have the following with a Bannon Woods Veterinarian.**

1. Horses must be microchipped to be eligible for enrollment. This permanent form of identification will be your horse's enrollment number.
2. Two Semiannual Visits, either in clinic or farm call with a Bannon Woods Veterinarian. Visits must be schedule 6 months apart with a 30 day overlap period in either direction to remain enrolled. Visit 1 must precede Visit 2 for participation in the Wellness Program. Vaccinations must be provided by and administered by a Bannon Woods Veterinarian.

a. Visit 1: Comprehensive Physical Examination

Vaccinations required: Eastern and Western encephalitis, Tetanus, West Nile

Flu/Rhino EHV 1/4

Rabies

Strangles

Coggins Test, Health Certificate

Oral Examination and dental float

Fecal Test, Deworming

b. Visit 2: Comprehensive Physical Examination

Vaccinations required: Flu/Rhino

Botulism

Fecal Test, Deworming

Oral Examination and dental float if needed



Bannon Woods Veterinary Hospital

3. Colic surgery must be performed at Bannon Woods Veterinary Hospital and performed by a Bannon Woods Veterinarian.
4. Colic Benefit is effective 30 days after initial enrollment. Enrollment is done at the time of the first Comprehensive Examination.
5. The semi-annual visit will be scheduled 6 months after visit 1. There is a 30-day grace period before and after the 6 month visit date to better accommodate our clients schedule. If the second visit is not preformed, then the horse is no longer eligible for wellness program benefits.
6. Horses that are unable to receive the recommended vaccinations are not eligible for wellness benefits including the colic surgery benefit. Horses that are not eligible for the colic surgery benefit are still able to participate in the wellness program.
7. Chiropractic Adjustment included with the Wellness package must be performed at one of the two wellness visits unless the horse is hauled into the clinic.
8. Horses that undergo Colic Surgery at Bannon Woods Veterinary Hospital and take advantage of the Colic Surgery benefit agree to allow Bannon Woods Veterinary Hospital to share pictures of the patient on Social Media and other sources of advertisement. Personal information will not be released such as owner and patient name.
9. All services must be performed on the same horse. No package splits.

I hereby affirm that all the information in this Wellness Program Enrollment Application is factual and accurate. I agree to abide by all terms and conditions hereby stated in the Wellness Program Terms and Conditions.

Attending DVM Signature: _____ Owner's Signature: _____

Date: _____ Date: _____

Printed Name: _____ Printed Name: _____



**Bannon Woods Veterinary Hospital Wellness Program
Comprehensive Examination**



OWNER NAME: _____ DR/T: _____ DATE: _____

BARN/REGISTERED NAME: _____ M/C #: _____

AGE: _____ BREED: _____ COLOR: _____ SEX: MARE / GELDING / STALLION

TEMP: _____ HR: _____ RR/CHAR: _____ MM: _____ CRT: _____ DP: _____ BODY SCORE: _____

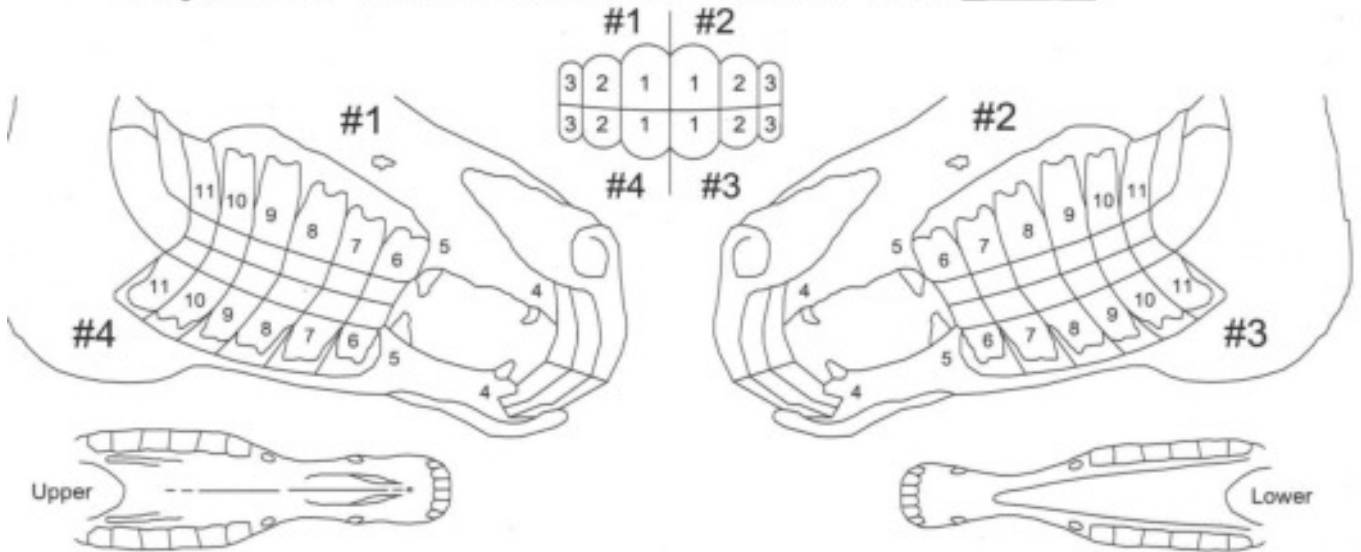
PREVIOUS HISTORY: _____ OWNER CONCERNS: _____

EYES	<input type="checkbox"/> WNL	<input type="checkbox"/> ABNORMAL	ADDITIONAL FINDINGS: _____
EARS	<input type="checkbox"/> WNL	<input type="checkbox"/> ABNORMAL	_____
NOSE	<input type="checkbox"/> WNL	<input type="checkbox"/> ABNORMAL	_____
HEART	<input type="checkbox"/> WNL	<input type="checkbox"/> ABNORMAL	_____
RESPIRATION	<input type="checkbox"/> WNL	<input type="checkbox"/> ABNORMAL	_____
GAIT	<input type="checkbox"/> WNL	<input type="checkbox"/> ABNORMAL	_____

DIET HAY / GRAIN / BOTH SUPPLEMENTS/FREQUENCY: _____
 HAY TYPE/AMOUNT/FREQUENCY: _____
 GRAIN BRAND/QUANTITY/FREQUENCY: _____
 CURRENT MEDICATIONS/FREQUENCY: _____
 RECOMMENDED CHANGES: _____

LIFESTYLE
 DISCIPLINE(s): _____ RIDING FREQUENCY/INTENSITY: _____
 STALLED: _____ HRS PASTURE: _____ HRS DRYLOT: _____ HRS HAY DURING TURNOUT: Y / N
 RECOMMENDED CHANGES: _____

ISSUES: 1= weight loss 2= dropping feed 3= abnormal chewing 4= quidding 5= head tossing 6= head tilt 7= colic
 8= large stem in feces 9= holds hard 10= leans to ditch 11= leans to line 12= other _____



1= sharp points 2= very sharp points 3= buccal laceration 4= lingual laceration 5= hooks 6= ramps 7= step 8= wave
 9= excessive transverse ridges 10= cupped 11= slanted inciss 12= reduced molar contact 13= lacks lateral excursion
 14= overlong incisors 15= prognathism 16= branchygnathism