



150 Dexter Rd ▪ Spartanburg, SC 29303 ▪ 864-583-4805

Summary of Recommendations Equine

**DATE
OF VISIT**

**NAME OF SUBJECT &
CONTACT INFO**

RECOMMENDATIONS FOR OWNER

☐ That a private veterinarian examines all animals indicated for further evaluation and diagnostic testing including:

- ☐ Physical examination
- ☐ Coggins (EIA) test
- ☐ Complete Blood Count (CBC) / Serum Chemistry
- ☐ Quantitative fecal examination & development of an appropriate deworming program
- ☐ Any additional diagnostic tests as indicated by that veterinarian
- ☐ Dental examination & all necessary dental work
- ☐ Formulation of a re-feeding plan (provided in writing)
- ☐ Formulation of an appropriate medical treatment program (provided in writing)

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: _____

- ☐ That a qualified farrier be contacted to provide appropriate hoof care as soon as possible.
- ☐ 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.
- ☐ When following the progress of animals, the SHS may have questions about the recommendations made by the professionals providing care to your animal(s). Please initial one of the following choices:
 - To avoid any confusion, I would like an agent of SHS to be present when my animals are examined. I agree to call SHS as soon as I have the appointment scheduled to let SHS know the date, time, and location of this examination.
 - I would prefer to have SHS 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 agent of SHS. I am including their name and contact information below.
- ☐ Please remember to save all receipts for feed, veterinary care, and farrier work for your records.
- ☐ _____
- ☐ _____
- ☐ _____

DATE

**SIGNATURE
RECEIVED BY**

DATE

**SIGNATURE
PREPARED BY**