



**Tendonology®**  
Specialist Tendon Treatment for Racehorses

**Document Four**  
**Pre Treatment Pro Forma**

**PLEASE COMPLETE THIS FORM IN FULL BEFORE THE HORSE'S ARRIVAL**

**Horse Details**

- Name of horse:
- Passport number:
- Horse's age:
- Flat Racer/National Hunt/No. of years in racing:
- Any known clinical condition?
- Vaccination due date:
- Date last wormed:
- Date of last shoeing:
- Does the horse have any vices? i.e wind sucking, crib biting, weaving etc.:
- List any known allergies:
- Trainer's name:
- Trainer's address:
- Trainer's telephone No.:
- Owner: Owner's address:
- Owner's telephone No.:
- Representative's details

## Clinical History

- Brief history of the injury/condition:
- Has the condition been assessed by a vet? If yes, the date and name and contact details of the attending vet:
- Outline of the attending veterinarian's diagnosis, prognosis and grade of pathology according to the grading system:
- Was an ultrasound examination undertaken, if so date?
- Can the ultrasound images be made available for Tendonology?
- What treatments, if any have been used for the injury to date?:
- Has the horse had a previous history of a tendon injury?
- Outline briefly the current level of exercise activity the horse is undertaking:
- Briefly state the fitness condition of the horse, i.e racing fit, pre-training, turned away:
- How is the horse on the road/with traffic?
- Special tack requirements?

## Feeding/Box Regime

Outline the current feeding regime, to include frequency, amount per feed (kg) per day, hay

or haylage:

Any supplements/medication currently fed/administered?:

Any special dietary requirements?:

Current bedding:

Please state if there is any other information you feel may be useful to ensure the optimum welfare for the horse for its stay?

### Declaration

I believe that the information provided is an accurate report for the above named horse

Name:

Signed:

Date:

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