



## EQUINE CRYOTHERAPY INJURY & TREATMENT FORM

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### SECTION 1: HORSE INFORMATION

Horse Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

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### SECTION 2: OWNER INFORMATION

Owner Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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### SECTION 3: CONDITION BEING TREATED

Primary Issue: \_\_\_\_\_

Diagnosis (if known): \_\_\_\_\_

Area Affected: \_\_\_\_\_

Date of Onset/Injury: \_\_\_\_\_

Type of Condition (check):

Acute Injury  Chronic Condition  Post-Exercise

Post-Surgery  Inflammation  Tendon/Ligament

Joint Swelling  Other: \_\_\_\_\_

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### SECTION 4: PRE-TREATMENT ASSESSMENT

Swelling:  None  Mild  Moderate  Severe

Pain Response:  None  Mild  Moderate  Severe

Digital Pulse:  Normal  Elevated

Skin Condition:  Normal  Sensitive  Abrasion  Open Wound