



EQUINE

HEALTH CARE RECORD



HORSE'S NAME _____

FOALING DATE/LOCATION _____

SEX _____ WEIGHT _____ HEIGHT _____

REGISTRATION NUMBER _____ BREED _____

TATTOO/BRAND _____

MARKINGS _____

DAM _____ SIRE _____

OWNER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

VETERINARIAN _____

PHONE _____

TRAINER _____

PHONE _____

FARRIER _____

PHONE _____



YEAR_____	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Vaccinations:												
Rabies												
Sleeping Sickness												
West Nile												
Tetanus												
Rhino												
Influenza												
Strangles												
Coggins												
Dental:												
Exam												
Float												
Worming:												
Product												
Treatment												
Fecal Exam												
Farrier:												
Trimmed												
Shod												
Reset												

ADDITIONAL HEALTH NOTES

DATE	DESCRIPTION