# Equine Health And Vaccination Record

Horse's Name _____ Date Foaled _____ Breed _____ Sex _____

Dam _____ Sire _____

Markings _____ Wt _____ Registration No _____ Tattoo No _____

Owner _____ Address _____

City _____ State _____ Zip Code _____ Phone _____ Mobile _____

Name of Veterinarian _____ Vet's Phone _____

Emergency Contact _____ Phone _____

## Physical Exams / Medical History

| Date | Description |
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Boehringer Ingelheim

## Vaccination Record

| Year _____ | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Influenza (Flu) | | | | | | | | | | | | |
| West Nile | | | | | | | | | | | | |
| Tetanus | | | | | | | | | | | | |
| Eastern and Western Encephalomyelitis | | | | | | | | | | | | |
| Venezuelan Encephalomyelitis | | | | | | | | | | | | |
| Strangles (Strep equi) | | | | | | | | | | | | |
| Rhinopneumonitis (herpes) | | | | | | | | | | | | |
| Potomac Horse Fever | | | | | | | | | | | | |
| Rabies | | | | | | | | | | | | |
| Other | | | | | | | | | | | | |

## Vaccination Record

| Year _____ | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Influenza (Flu) | | | | | | | | | | | | |
| West Nile | | | | | | | | | | | | |
| Tetanus | | | | | | | | | | | | |
| Eastern and Western Encephalomyelitis | | | | | | | | | | | | |
| Venezuelan Encephalomyelitis | | | | | | | | | | | | |
| Strangles (Strep equi) | | | | | | | | | | | | |
| Rhinopneumonitis (herpes) | | | | | | | | | | | | |
| Potomac Horse Fever | | | | | | | | | | | | |
| Rabies | | | | | | | | | | | | |
| Other | | | | | | | | | | | | |

## Deworming Record

| | Product | | Product | | Product |
|---|---|---|---|---|---|
| Jan | | May | | Sept | |
| Feb | | Jun | | Oct | |
| Mar | | Jul | | Nov | |
| Apr | | Aug | | Dec | |

## Dental Care

| Date | Exam | Float | Comments |
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## Hoof Care

| Date | Farrier | Shod | Reset | Trim | Follow-Up |
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## Breeding Record

| Estrous Date | Date Bred | Open | Prgnt Lft Hn | Prgnt Rt Hn | Comments |
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## Diagnostic Testing

| Date | Description | Results ( + / - ) |
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## Miscellaneous Information

| Date | Description | Results ( + / - ) |
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