

Equine Health Records

Name of Horse: _____ Gender: _____ Age: _____

Name of Owner #1: _____ Telephone: _____

Name of Owner #2: _____ Telephone: _____

Veterinarian Name: _____ Telephone: _____

Alternate Veterinarian : _____ Telephone: _____

Date of Last Inoculations:

Rabies: _____ Flu: _____

Tetanus: _____ Rhino: _____

E/W Encephalomyelitis: _____

Strangles: _____ Other: _____

Date of last Worming: _____

Wormer used: _____

Has the horse been exposed to or exhibited symptoms of strangles in the last thirty (30) days? _____
