

# Equine Health Record



Dental Care				
Date	Exam	Float	Comment	

Hoof Care				
Date	Trim	Shod	Reset	Comment

Breeding Record					
Estrus Date	Date Bred	Open	Pregnant Left Horn	Pregnant Right Horn	Comment

**Feeding Program and Other Information**


**In Case of Emergency Call:**

Name of Horse \_\_\_\_\_ Registration No. \_\_\_\_\_ Tattoo No. \_\_\_\_\_

Sire \_\_\_\_\_ Dam \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_ Foaling Date \_\_\_\_\_

Markings \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_

Veterinary Clinic \_\_\_\_\_ Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Veterinarian's Name(s) \_\_\_\_\_

    Address \_\_\_\_\_

    City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Farrier \_\_\_\_\_ Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Date	Age	Medical History	Physical Exams

The Science of Healthier Animals



### Diagnostic Testing

Date	Condition	Results + or -

### Parasite Control

Horses at different ages and stages have varying needs concerning parasite control. Consult your veterinarian to set up a strategic deworming program that is best suited for your horse(s).

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Product Used</b>												
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<b>Product Used</b>												
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<b>Product Used</b>												

### Vaccination History

Vaccine	Description	Year _____	Year _____	Year _____	Year _____	Year _____
		Initial/Booster	Initial/Booster	Initial/Booster	Initial/Booster	Initial/Booster
<b>PRESTIGE® 5 + WNV</b> <i>EHV 1&amp;4 + EWTF + WNV</i>	EHV-1 and EHV-4 Rhinopneumonitis, Eastern and Western Encephalomyelitis, Equine Influenza, Tetanus Toxoid, West Nile Virus					
<b>PRESTIGE® 5</b> <i>EHV 1&amp;4 + EWTF</i>	EHV-1 and EHV-4 Rhinopneumonitis, Eastern and Western Encephalomyelitis, Equine Influenza, Tetanus Toxoid					
<b>PRESTIGE® 5 + VEE</b> <i>EHV 1&amp;4 + EWTF + VEE</i>	EHV-1 and EHV-4 Rhinopneumonitis, Eastern, Western, and Venezuelan Encephalomyelitis, Equine Influenza, Tetanus Toxoid					
<b>PRESTIGE® 4</b> <i>EWTF</i>	Eastern and Western Encephalomyelitis, Equine Influenza, Tetanus Toxoid					
<b>PRESTIGE® 3 + WNV</b> <i>EWT + WNV</i>	Eastern and Western Encephalomyelitis, Tetanus Toxoid, West Nile Virus					
<b>PRESTIGE® 3</b> <i>EWT</i>	Eastern and Western Encephalomyelitis, Tetanus Toxoid					
<b>PRESTIGE® 2</b> <i>EHV 1&amp;4 + FLU</i>	EHV-1 and EHV-4 Rhinopneumonitis, Equine Influenza					
<b>PRESTIGE® PRODIGY®</b> <i>EHV-1 Abortion and Rhinopneumonitis</i>	EHV-1 Abortion and Rhinopneumonitis					
<b>PRESTIGE® EHV 1 &amp; 4</b> <i>EHV 1&amp;4 Rhinopneumonitis</i>	EHV-1 and EHV-4 Rhinopneumonitis					
<b>Flu Avert® I.N.</b> <i>FLU</i>	Modified Live Equine Influenza (Intranasal)					
<b>PRESTIGE® Tetanus</b> <i>TETANUS TOXOID</i>	Tetanus Toxoid					
<b>PRESTIGE® WNV</b> <i>WNV</i>	West Nile Virus Vaccine					
<b>Rabies</b>	Equine Rabies					



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