ALBANNACH ACRES EQUINE HEALTH RECORD

Horses Information and Vitals									
Registered Name									
Common name									
Breed				**DOB**		**Age**			
Sex	Mare : ☐	Gelding: ☐	Stallion: ☐	**Colour**					
Distinguishing marks or Tattoos									
Height		**Weight**		**Respiratory Rate**		**Pulse**		**Temperature**	

Owners Information and Contact Numbers			
Name:			
Address			
City:		**Province:**	**Postal Code:**
Phone:		**Cell:**	
Email:			
Alternate Contact:		**Phone:**	
Notes:			

Equine Practitioners			
Veterinarian:		**Phone Number:**	
Farrier:		**Phone Number:**	
Dentist:		**Phone Number:**	
Massage Therapist:		**Phone Number:**	
Chiropractor:		**Phone Number:**	
Trainer:		**Phone Number:**	
Transporter:		**Phone Number:**	
Other		**Phone Number:**	
Other		**Phone Number:**	

Vaccination Record																								
	Year:												Year:											
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Tetanus																								
Influenza																								
Rhinopneumonitis EHV-4																								
Rhinopneumonitis EHV-1																								
Encephalomyelitis(Sleeping Sickness)																								
West Nile Virus																								
Strangles																								
Arteritis																								
Rabies																								
Other																								
Other																								
Other																								
Other																								
Other																								

G = Given I = Initial (Booster required) B = Booster given

Worming Record																								
	Year:												Year:											
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Treatment																								
Fecal Exam																								

Farrier Record																								
	Year:												Year:											
Shoe Size:	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Trimmed																								
Shod																								
Reset																								

Dental Record																								
	Year:												Year:											
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Exam																								
Float																								

Coggins Test																								
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Exam																								

OTHER RECOMMENDATIONS/REFERRALS/HEALTH NOTES