

Horse's Registered Name: _____

Barn Name: _____ **Height:** _____

Foaling Date: ___/___/___ **Location:** _____ **Sex:** _____

Breed: _____ **Registration number:** _____

Tattoo/Microchip: _____ **Brand:** _____

Dam: _____ **Sire:** _____

Colour: _____

Markings: _____

Owner: _____ **Phone:** _____

Email: _____

Address: _____ **Zip:** _____

City: _____ **Prov/State:** _____

Alternate Contact

Name: _____ **Phone:** _____

Veterinarian: _____ **Phone:** _____

Trainer: _____ **Phone:** _____

Farrier: _____ **Phone:** _____

Vaccinations:

| Date | 4-way | 5-way | 6-way | Strangles | Other |
|------|-------|-------|-------|-----------|-------|
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Worming Record:

| Date | Product | Fecal Exam |
|------|---------|------------|
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| | | |

Farrier:

| Date | Trimmed | Shod | Reset | Other |
|------|---------|------|-------|-------|
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Dental:

| Date | Exam | Float | Other (specify) |
|------|------|-------|-----------------|
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| | | | |
| | | | |
| | | | |

Coggins:

| Date | Positive | Negative |
|------|----------|----------|
| | | |
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| | | |
| | | |
| | | |

Health Notes/other information:

Attach photo to the back of page 3.