

# Intra-articular Injection Report

Horse:

Trainer:

Date:

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<b>Left Front:</b>	<b>Dose and Medication Used</b>
Shoulder	
Radial Carpal	
Intercarpal	
Fetlock	

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<b>Right Front:</b>	<b>Dose and Medication Used</b>
Shoulder	
Radial Carpal	
Intercarpal	
Fetlock	

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<b>Left Hind:</b>	<b>Dose and Medication Used</b>
Stifle	
Tibial-tarsal	
Intertarsal	
Tarsal-metatarsal	
Fetlock	

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<b>Right Hind:</b>	<b>Dose and Medication Used</b>
Stifle	
Tibial-tarsal	
Intertarsal	
Tarsal-metatarsal	
Fetlock	

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<b>Other (list location)</b>	<b>Dose and Medication Used</b>

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Veterinarian's Name (Print)

Veterinarian's Signature