



HORSE HEALTH RECORD

Horse Name/Tattoo or Microchip: _____

Primary Veterinarian/Phone Number: _____

Claimed/Sold (Date): _____ Track: _____

Vet's List as Unsound or Bled in last 12 months: Yes No Details: _____

Joint Therapy in the last 60 days: Yes No If Previously Submitted – Date Submitted: _____

Date: _____ Joint: _____ Veterinarian/Medication: _____

Date: _____ Joint: _____ Veterinarian/Medication: _____

Date: _____ Joint: _____ Veterinarian/Medication: _____

Immunizations/Dates Administered:

TT: _____ EEE/WEE: _____ Rabies: _____ Strangles: _____

Influenza: _____ EHV: _____ WNV: _____ Other: _____

Last Deworming/Medication: _____ Fecal Egg Count/Date: _____

Blood Profile: Yes No Veterinarian/Date/Findings: _____

Shock Wave: Yes No Veterinarian/Date/Body Part: _____

EIPH History: Yes No Veterinarian/Date/Treatment: _____

EPM History: Yes No Veterinarian/Date/Treatment: _____

Colic History: Yes No Veterinarian/Date/Treatment: _____

Radiographs: Yes No Veterinarian/Date/Body Part/Findings: _____

Surgery History: Yes No Veterinarian/Date/Details: _____

Bisphosphonates: Yes No Veterinarian/Date/Diagnosis: _____

Other Pertinent Medical History: _____

To the best of my knowledge, the information provided is accurate and up to date.

Trainer: _____ Signature: _____ Date: _____

(Print Name)

Additional Joint Therapy

Date: _____ Joint: _____ Veterinarian/Medication: _____

Date: _____ Joint: _____ Veterinarian/Medication: _____

Date: _____ Joint: _____ Veterinarian/Medication: _____

Date: _____ Joint: _____ Veterinarian/Medication: _____

Additional Radiographs

Veterinarian/Date/Body Part/Findings: _____

Veterinarian/Date/Body Part/Findings: _____

Veterinarian/Date/Body Part/Findings: _____

Veterinarian/Date/Body Part/Findings: _____

Notes
