## Your Equine Health Record



Horse's Information	Owner's Information										
Registered Name:		Nam	ie:								
Year:		Phone:									
Nickname:		Cell:									
Foaling Date/Location:		Address:									
Sex:	Weight	:	Cit	City:							
Registration Number:		State:									
Tattoo Brand :	:	Zi	p:								
Color/Markings:		Alternate Contact:									
Dam:	: Phone:			ie:							
Veterinarian		Trainer				Fa	rrier				
Name:		Name:				Name:					
Phone:	Phone:										
Cell:	Phone:				Phone:						
fter Hours: Cell:							Cell:				
Vital Signs											
Observe and collect vital signs over time to know y	our hors	e's normal range.		1	1		·	1			
Date Observed:											
Weight:											
Temperature:											
Pulse (heart rate):											
Respiration (TPR):											
The temperature range for most healthy adult hors			lthy ad	ult horse at rest sho	ould be 28-	44 bea	ts/minute, and the	e respiration rate	should be		

Strong bonds are built with great care™

## Strong bonds are built with great care™

 ${}^{\star} AAEP \ Guidelines \ for \ Core \ and \ Risk-Based \ Vaccinations. \ For \ more \ information \ visit \ AAEP.org$ 

	January	February	March	April	May	June	July	August	September	October	November	December
Core Vaccinations*												
Rabies												
Tetanus												
Eastern/Western Equine Encephalomyelitis (EEE/WEE)												
West Nile Virus (WNV)												
Risk-Based Vaccinations*												
Anthrax												
Botulism												
Equine Influenza												
Equine Viral Arteritis (EVA)												
Equine Herpes Virus (EHV)												
Strangles												
Potomac Horse Fever												
Rotaviral Diarrhea												
Other												
Deworming Record												
Treatment Date												
Product												
Fecal Exam												
Farrier Record												
Date												
Trimmed												
Shod												
Reset												
Dental Record												
Exam												
Float												
Coggins Test												



Notes:	Supplements: