



ANNUAL EQUINE HEALTH AND VACCINATION RECORD 200_____

NAME _____ DATE FOALD _____ BREED _____ SEX _____

DAM _____ SIRE _____

COLOR/MARKINGS _____ WT _____ REGISTRATION No _____ TATTOO No _____

OWNER _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

VACCINATION RECORD	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	Nov	DEC
TETANUS												
E & W ENCEPHALOMYELITIS												
VENEZUELAN ENCEPHALOMYELITIS												
INFLUENZA												
RHINOPNEUMONITIS												
STRANGLES (<i>STREP. EQUI</i>)												
POTOMAC HORSE FEVER												
RABIES												
OTHER _____												
OTHER _____												
OTHER _____												

BREEDING RECORD					
ESTROUS DATE	DATE BRED	OPEN	PRGNT LFT HN	PRGNT RT HN	COMMENTS

DIAGNOSTIC TESTING		
DATE	CONDITION	RESULTS +Or-

DENTAL CARE				
DATE	AGE	EXAM	FLOAT	COMMENT

HOOF CARE					
DATE	FARRIER	SHOD	RESET	TRIM	FOLLOW-UP

DEWORMING RECORD	
PRODUCT	PRODUCT
JAN _____	JUL _____
FEB _____	AUG _____
MAR _____	SEP _____
APR _____	OCT _____
MAY _____	NOV _____
JUN _____	DEC _____

MISCELLANEOUS EXAMS AND INFORMATION	
DATE	DESCRIPTION

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