



# Equestrian Horse Health

STUDENT NAME: \_\_\_\_\_

HORSE NAME: \_\_\_\_\_

**DATE OF MOST RECENT VACCINATIONS:**

Encephalitis	_____	Tentanus	_____	Influenza	_____
Rhinopneumonitis	_____	Strangles	_____	Rabies	_____
Potomac Horse Fever	_____				

Date of last worming	_____	Type of wormer	_____
Date of last shoeing	_____	Special shoeing requirements	_____

**FEEDING:**

Type of Hay	_____	Amount per feeding	_____
Type of Grain	_____	Amount per feeding	_____

**SPECIAL FEEDING REQUIREMENTS:**

\_\_\_\_\_

**DESCRIBE ANY ALLERGIES:**

\_\_\_\_\_

**DESCRIBE ANY SPECIAL MEDICATION REQUIRED ON A REGULAR BASIS:**

\_\_\_\_\_

**DESCRIBE ANY INJURIES REQUIRING SPECIAL ATTENTION:**

\_\_\_\_\_

\_\_\_\_\_