



Equine Health Check

Equine: _____ Date of Visit: _____

HERO representative: _____

Facility Name: _____

Address: _____

Contact Person: _____

Telephone: _____

Email: _____

Daily Routine: (turnout/stall)

Feed

When: _____

Grain – amounts: _____

Any specialty feed: _____

Hay: _____

Water: (clean, size, heater, access) _____

Salt: _____

Comments: _____

General

Overall appearance and health: _____

Vaccination & Coggins Record: _____

Comments: _____

Dental: _____

Comments: _____

Hoof Care

Farrier or barefoot schedule: _____

General appearance of hooves: _____