



Medical Record

Equine Name: _____ Intake ID: _____

	Date	Date	Date	Date	Date	Date
Coggins						
Deworm						
Product used:						
Product used:						
Farrier						
Shoe (front/rear/all)						
Trim						
Vaccinations						
Rabies						
EWT						
Rhino						
Flu						
Strangles						
West Nile						
Dental Care						

Exams/Comments: _____

For Coggins, Vaccinations & Dental Care indicate not only the date but who (Vet or Medical Practice) administered the care.