



# HORSE HEALTH RECORD

Horse Name/Tattoo or Microchip: \_\_\_\_\_

Primary Veterinarian/Phone Number: \_\_\_\_\_

Claimed/Sold (Date): \_\_\_\_\_ Track: \_\_\_\_\_

Vet's List as Unsound or Bled in last 12 months: Yes No Details: \_\_\_\_\_

Joint Therapy in the last 60 days: Yes No If Previously Submitted – Date Submitted: \_\_\_\_\_

Date: \_\_\_\_\_ Joint: \_\_\_\_\_ Veterinarian/Medication: \_\_\_\_\_

Date: \_\_\_\_\_ Joint: \_\_\_\_\_ Veterinarian/Medication: \_\_\_\_\_

Date: \_\_\_\_\_ Joint: \_\_\_\_\_ Veterinarian/Medication: \_\_\_\_\_

### Immunizations/Dates Administered:

TT: \_\_\_\_\_ EEE/WEE: \_\_\_\_\_ Rabies: \_\_\_\_\_ Strangles: \_\_\_\_\_

Influenza: \_\_\_\_\_ EHV: \_\_\_\_\_ WNV: \_\_\_\_\_ Other: \_\_\_\_\_

Last Deworming/Medication: \_\_\_\_\_ Fecal Egg Count/Date: \_\_\_\_\_

Blood Profile: Yes No Veterinarian/Date/Findings: \_\_\_\_\_

Shock Wave: Yes No Veterinarian/Date/Body Part: \_\_\_\_\_

EIPH History: Yes No Veterinarian/Date/Treatment: \_\_\_\_\_

EPM History: Yes No Veterinarian/Date/Treatment: \_\_\_\_\_

Colic History: Yes No Veterinarian/Date/Treatment: \_\_\_\_\_

Radiographs: Yes No Veterinarian/Date/Body Part/Findings: \_\_\_\_\_

Surgery History: Yes No Veterinarian/Date/Details: \_\_\_\_\_

Bisphosphonates: Yes No Veterinarian/Date/Diagnosis: \_\_\_\_\_

Other Pertinent Medical History: \_\_\_\_\_

To the best of my knowledge, the information provided is accurate and up to date.

Trainer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

## Additional Joint Therapy

Date: \_\_\_\_\_ Joint: \_\_\_\_\_ Veterinarian/Medication: \_\_\_\_\_

Date: \_\_\_\_\_ Joint: \_\_\_\_\_ Veterinarian/Medication: \_\_\_\_\_

Date: \_\_\_\_\_ Joint: \_\_\_\_\_ Veterinarian/Medication: \_\_\_\_\_

Date: \_\_\_\_\_ Joint: \_\_\_\_\_ Veterinarian/Medication: \_\_\_\_\_

## Additional Radiographs

Veterinarian/Date/Body Part/Findings: \_\_\_\_\_

Veterinarian/Date/Body Part/Findings: \_\_\_\_\_

Veterinarian/Date/Body Part/Findings: \_\_\_\_\_

Veterinarian/Date/Body Part/Findings: \_\_\_\_\_

## Notes

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