

## HEALTH RECORD FOR HORSE

*(Please have your veterinarian help you fill out this form)*

**Make sure to bring a copy of your horse's Coggins for us to keep on file during the week.**

*(Please note: We will **not** have a copy machine available!)*

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Horse's Name \_\_\_\_\_

Sex of Horse \_\_\_\_\_ Breed \_\_\_\_\_ Age of Horse \_\_\_\_\_

Description \_\_\_\_\_

(color)

(markings)

Date of Last Veterinarian Examination \_\_\_\_\_

Negative Coggins Test Required \_\_\_\_\_

(date of test)

(control number)

Date of Last Deworming \_\_\_\_\_

### **Vaccinations (give date):**

**Eastern & Western Equine Encephalomyelitis (required)** \_\_\_\_\_

**Strangles (required)** \_\_\_\_\_

**Tetanus (required)** \_\_\_\_\_

Venezuelan Equine Encephalomyelitis (optional) \_\_\_\_\_

Rabies (optional) \_\_\_\_\_

Fluvac (optional) \_\_\_\_\_

West Nile (optional) \_\_\_\_\_

Has this animal ever exhibited the symptoms of flu or strangles? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give the date and year \_\_\_\_\_

General Information (Is this animal - bred, inclined to colic or "tie up" easily, prone to wheezing, what past management techniques have you practiced, etc.):

List any stable peculiarities (doesn't like mares, unties gates, last time housed in a stall, etc.) that your horse has that might possess:

**I certify that the above-named animal has had the required tests and vaccinations and is in good health to participate in the activities required in attending the 4-H Horsemanship Camp.**

Owner's Signature \_\_\_\_\_ Phone \_\_\_\_\_

Veterinarian's Signature \_\_\_\_\_ Phone \_\_\_\_\_

**FEEDING SCHEDULE**

Horse's Name			
Owner's Name			
	Grain <i>Type/Amount</i>	Hay <i>Type/Amount</i>	Other
AM			
Type			
Amount			
PM			
Type			
Amount			