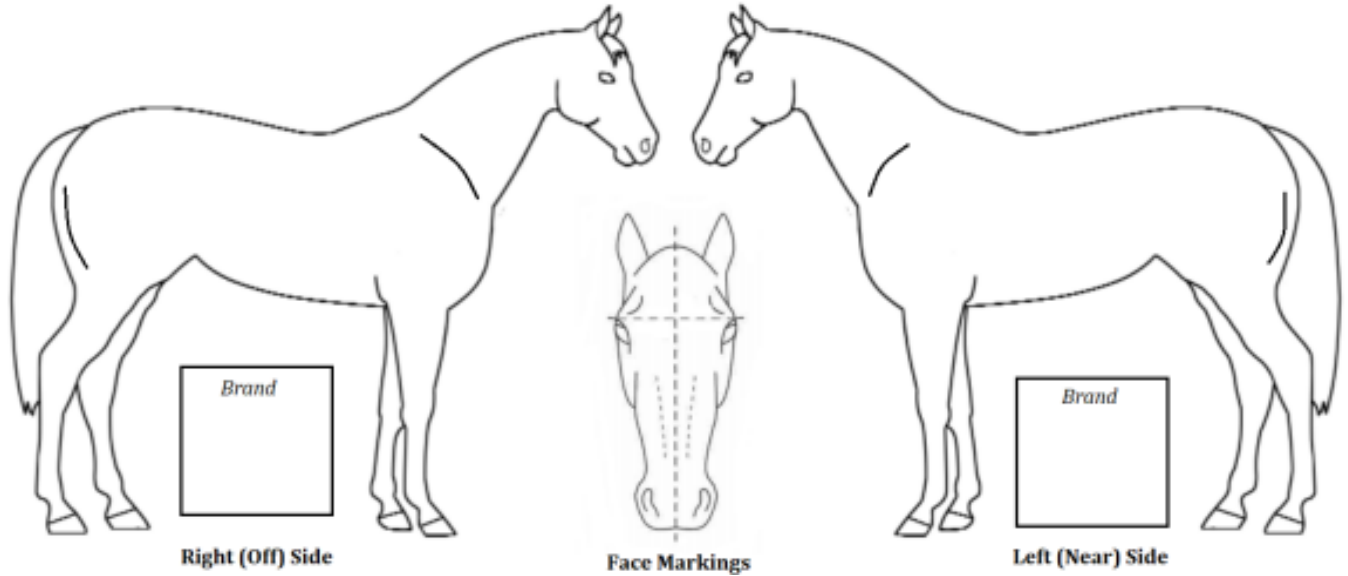


EQUINE Health Record



Equine Name: _____



Equine Details:

DOB: _____

Owner's Name: _____

Height: _____

Breed: _____

Color: _____

Gender: _____

Identifying Marks/Tattoos: _____

Registration Information: _____

Normal Vitals

Date Observed				
Weight				
Temperature				
Heart Rate at rest				
Heart Rate at mild exercise				
Respiration at rest				
Respiration at mild exercise				
Capillary Refill				
Heart Rate at mild exercise				
Mucous Membrane Color				
Gut Sounds				
Other Observations				



Diet:

Date:

Component	Type	Early AM Amount	Noon Amount	Mid PM Amount	Evening Amount
Hay					
Feed					
Feed					
Feed					
Feed					
Supplement					
Supplement					
Supplement					
Supplement					
Supplement					
Concentrates					
Concentrates					
Concentrates					
Concentrates					
Additional Instructions					