



HORSE HEALTH RECORDS



New Government Regulations are coming January 1, 2010

For further information, contact your Veterinarian or the SHF Office
2205 Victoria Avenue, Regina, Sk. S4P 0S4 tel: 306.780.9244

Protect your herd

Keep accurate, up to date health records for all your horses

SAMPLE FORM ONLY

What is needed?

- A list of any/all treatments received by your horse
- Record date, time and amount given to the horse
- Ensure any third party (e.g. trainers, stables) keep records on your horse
- Include both prescription medications and over-the-counter preparations
- List all vaccinations, inoculations, worming preparations; X-rays;

SAMPLE HORSE HEALTH RECORD

Name of Horse:		Sex: S G M		Date of Birth		Owner Name:	
Breed Description:		Height: _____ hands		Month & Year		Address:	
Registration #:		I.D. Marks:		Country of birth:		Veterinarian:	
Horse Passport #:		None:		Province or State:		Clinic /Tel.#	
Main Body colour:		Tattoo:		Breeder:			
White Markings: - Head:		Brand:					
- Body		Chip:					
- Limbs: Rt. Front							
Left Front							
		Rt. Hind					
		Left Hind					
DATE	HEALTH ACTION	Symptoms (if any)	Product given	Amount given	Any response	Vet. used y/n & name	Comments
1.01.10	e.g. 'Flu Vaccination	Regular maintenance	Flu vac	Xx cc's	None visible	Y - Dr. Smith	No noticeable reaction
15.01.10	Cough medicine	Raspy dry cough	X's cough syrup	Am & pm - orally	Relief - cough gone in 3 days	None	Given orally for 7 days.
4.04.10	Vet. check	Regular check	Float teeth	n/a		Y - Dr. Smith	Horses In good health.