

EQUINE HEALTH RECORD

Horse: _____

Owner: _____

Dates: _____



Lodi Veterinary Care™
EQUINE

DENTAL	
DATE	COMMENTS

DEWORMING		
DATE	EGG COUNT (epg)	DEWORMER GIVEN

VACCINATIONS			
DATE	VACCINE GIVEN	COMMENTS	NEXT DUE

WEIGHT	
DATE	WEIGHT

Contact:

**Lodi Veterinary Care
Equine**

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