
Horse's Name

Circle One: **Mare** **Gelding** **Stallion** **Color:** _____

Age: _____ **Markings:** _____

Breed: _____

Howard Ketover, DVM
Lisa Nesson, DVM
Pat Griffin, DVM, PhD, DACT
Lauren Alderman, DVM, CVA, CVSMT
 1848 Waldorf Ave
 Madison, WI 53719



IRONGATE
EQUINE CLINIC

608.845.6006

Normal Vitals for your horse:

Avg Temp: _____ °F
normal 99.5 - 100.5°F

Avg Pulse: _____ beats/min
normal 28 - 52 bpm

Avg Resp: _____ breaths/min
normal 8-16 bpm

Feeding Instructions:

AM: _____

PM: _____

Special Instructions:

Owner's Name: _____ **Phone Number:** _____

Authorized
Emergency Contact: _____ **Phone Number:** _____

Farrier's Name: _____ **Phone Number:** _____

Insurance Company: _____ **Phone Number:** _____