## Vaccination, Dental, & Deworming Record



Horse's Name:		(608) 845-6006 info@irongateequine.com	IRONGAT EQUINE CLIN
Horse's Breed:			
Horse's Age:	Owner:		
Horse's Color:	Phone #:		

(Fill in the dates each Vaccine was given & if the Dental Exam resulted in a Recheck in 6 months or a Float)

	Date:								
Eastern, Western, Tetanus, West Nile (EWT/WN)									
Influenza/Rhino									
Rabies									
Potomac Horse Fever (PHF)									
Strangles									
Dental Exam +/-Float									

## Vaccination, Dental, & Deworming Record



Horse's Name:		info@irongateequine.com	EQUINE CLIN
Horse's Breed:			
Horse's Age:	Owner:		
Horse's Color:	Phone #:		

Fill in the date the fecal sample was taken, estimated weight at time of sample, the number of EPGs present, date of deworming & which prodct was used to deworm your horse.

	Date:	Estimated Weight	Results (# EPG)	Deworming Date:	Deworming Product
Fecal Sample Taken					
Fecal Sample Taken					
Fecal Sample Taken					
Fecal Sample Taken					
Fecal Sample Taken					
Fecal Sample Taken					