

## St. Lawrence County 4-H Program Equine Health Record

Owner \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Date Foaled \_\_\_\_\_  
 City \_\_\_\_\_ Sex \_\_\_\_\_ Ht. \_\_\_\_\_ Wt \_\_\_\_\_  
 State \_\_\_\_\_ Breed \_\_\_\_\_  
 Zip \_\_\_\_\_ Dam \_\_\_\_\_ Sire \_\_\_\_\_  
 Phone \_\_\_\_\_ Registration &/or Tattoo No. \_\_\_\_\_

### Vaccination History

Disease	Dates of Primary Immunization		Dates of Booster								
Encephalomyelitis											
Influenza											
Rhinopneumonitis											
Strangles											
PHF											
Rabies											
Tetanus											
Other											

### Deworming History

Product	Cost	Date	Product	Cost	Date	Product	Cost	Date	Product	Cost	Date

Date of Fecal Exam										
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### Dental Procedures

Date	Cost	Date	Cost

