**A picture containing vector graphics, text

Description automatically generatedEquine Health and Vaccination Record**

Note: this is **not a vaccination certificate** or a proof of vaccination. This is an owner / custodian record. A certificate of vaccination would require a veterinary practitioner signature and details.

This record is a fillable, printable Word document.

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| Owner: | | | | | | | | | | | Phone(s): | | | | | | |
| Address: | | | | | | | | | | | | | | | | | |
| Equine Name: | | | | | | | | | | | | | | | | | |
| Sire: | | | | | | | | Dam: | | | | | | Sex: | | | |
| Breed: | | | | | | | | Weight: | | | | | | Height: | | | |
| Birth Date: | | | | | | | | Tattoo: | | | | | | Microchip number: | | | |
| Markings: | | | | | | | | | | | | | | Photos available  Yes  No | | | |
| Breed Registry / Number: | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | |
| **Vaccination Record** | | | | | | | | | | | |  | **Deworming Record** | | | | |
| **Rhinopneumonitis  (EHV-1/4)** | **Equine Herpes Virus 1 (abortion)** | **Influenza A1 and A2** | **E & W Encephalomyelitis** | **Tetanus** | **Potomac Horse Fever** | **Strangles** | **Rabies** | **West Nile** | **Other** | **Age/Date** | |  | **Product** | | **Deworming** | **Fecal Exam** | **Date/Year** |
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| **Notes (including an adverse reactions):** | | | | | | | | | | | |  | **Notes:** | | | | |

I = Initial vaccination

B = Booster vaccination

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| **Medical Record** | |  | **Hoof Care** | |
| **Date** | **Comments** |  | **Date** | **Comments** |
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| **Coggins Test** | |  | **Dental Care** | |
| **Date** | **Comments** |  | **Date** | **Comments** |
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