



**- ADDENDUM B -
VHF NEW HORSE INFORMATION
HEALTH RECORD SUMMARY**

PLEASE FILL OUT ONE FORM FOR EACH HORSE OR PONY

DATE: _____

Horse Name: _____ **Stable Name:** _____

Age: _____ **Colour:** _____

Sex: _____ **Breed:** _____

Height: _____ **Hands** **Tattoo No:** _____

Equine Canada No: _____ **Branded:** Yes/Type: ____/____ **No:** _____

Last Shoeing: **Date:** _____ **Due:** _____

Last De-Worming: **Type/Active ingredients:** _____

Date: _____ **Due:** _____

Last Fecal Count: **Date:** _____

Last Teeth Floating: **Date:** _____ **Power Tools/Hand Float:** _____

Feed Supplement/Ongoing Medication:

Type: _____ **Dose:** _____ **Frequency :** _____

Type: _____ **Dose:** _____ **Frequency :** _____

Type: _____ **Dose:** _____ **Frequency :** _____

Last Vaccination Record:

Vaccination: _____ **IM:** ____ **IN:** ____ **SC:** ____ **Date:** _____ **Due:** _____

Vaccination: _____ **IM:** ____ **IN:** ____ **SC:** ____ **Date:** _____ **Due:** _____

Vaccination: _____ **IM:** ____ **IN:** ____ **SC:** ____ **Date:** _____ **Due:** _____

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