

Horse Name:

| Contact Information | Description |
|---------------------|----------------|
| Microchip #: | Breed: |
| Owner: | Color: |
| Owner Tel: | Gender: |
| Veterinarian: | Year of Birth: |
| Veterinarian Tel: | Brand/Tattoo: |
| Farrier: | Markings: |
| Farrier Tel: | |

Normal Values: Temperature: _____ Heart Rate: _____ Respiratory Rate: _____

[Typical Horse Norms: Temp. 99-101.5°F | Heart 28-44 beats/min | Respiratory 820 breaths/min]

| Medical Information | Dates of Last Vaccinations |
|-------------------------|----------------------------|
| Allergies: | Tetanus: Rabies: |
| Medical Conditions: | Flu/Rhino: West Nile: |
| | Strangles: EWT: |
| Medications: | Other: |
| | Adverse Reactions: |
| Date of Last Deworming: | |

Supplements:

Feed/Hay:



STEINBECK★PENINSULA
EQUINE CLINICS

San Francisco Bay: **(650) 854-3162**
100 Ansel Lane, Menlo Park, CA 94028

Salinas/Monterey Bay: **(831) 455-1808**
15881 Toro Hills Avenue, Salinas, CA 93908

Emergency Mobile Service + Clinics: **24/7/365**