

# Health & Maintenance Records for

Horse: \_\_\_\_\_



The United States Pony Club, Inc.

Name: \_\_\_\_\_

Pony Club: \_\_\_\_\_

Region: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

# General Information

Rider: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: ( \_\_\_\_\_ )

E-mail: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #'s: ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

## Horse's Location

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: ( \_\_\_\_\_ )

Veterinarian: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ )

Farrier: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ )

Other: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ )

## Insurance (Horse)

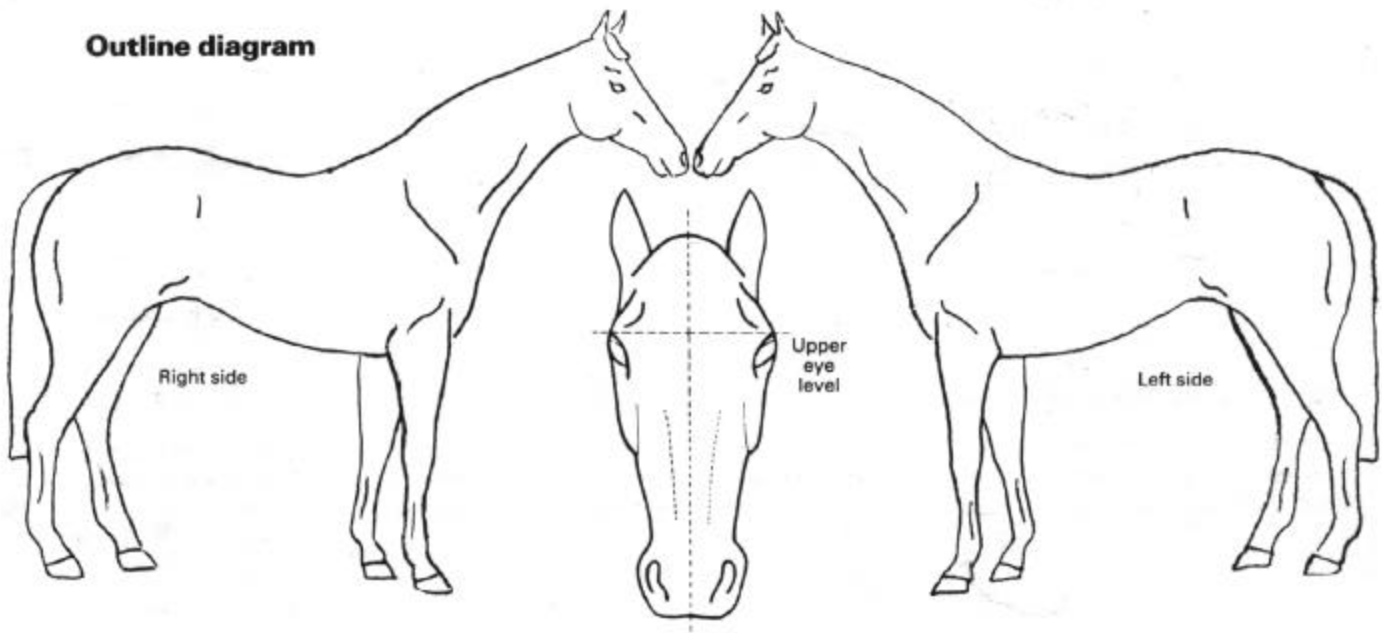
Carrier Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Phone #: ( \_\_\_\_\_ )

Emergency #: ( \_\_\_\_\_ )

**Outline diagram**



Draw in markings and brands on the diagram above.

Please place a photograph in the space below for identification purposes.  
(This picture should be standing and in profile.)

# Horse Information

Horse's Name: \_\_\_\_\_ Date Foaled.: \_\_\_\_\_

Height: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Weight: \_\_\_\_\_ Markings: \_\_\_\_\_

Tattoo/Brands: \_\_\_\_\_

## Vital Signs At Rest:

Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_

Vices: \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

## Inoculation Schedule

Please list what vaccinations your horse gets and on what schedule: \_\_\_\_\_

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**Breed Registry:** \_\_\_\_\_

Registration #: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

# Routine

## Immunizations

Date	Vaccine	Due Again on:	Cost

Total \$: \_\_\_\_\_

## De-worming

Date	Type of Wormer	Due Again on:	Cost

Total \$: \_\_\_\_\_

# Procedures

## Shoeing

Date	Type of Shoes	Next Appointment	Cost

Total \$: \_\_\_\_\_

## Dentistry

Date	Procedure/Comments	Re-check on:(date)	Cost

Total \$: \_\_\_\_\_

# Feed Schedule

AM:      Roughage: \_\_\_\_\_  
             Concentrate: \_\_\_\_\_

NOON:    Roughage: \_\_\_\_\_  
             Concentrate: \_\_\_\_\_

PM:        Roughage: \_\_\_\_\_  
             Concentrates: \_\_\_\_\_

Supplements AM: \_\_\_\_\_

Supplements PM: \_\_\_\_\_

Salt Source: \_\_\_\_\_

# Feed Changes

Date	Change From:	Change To:

# Conditioning Schedule

(You may need to make additional copies of this page)

Conditioning Schedule for an average week:

Activity	Specifications	Average Minutes	Times/Week

Temperature: @rest: \_\_\_\_\_  
 @work: \_\_\_\_\_

Pulse: @rest: \_\_\_\_\_  
 @work: \_\_\_\_\_

Respiration: @rest: \_\_\_\_\_  
 @work: \_\_\_\_\_

## Conditioning Changes

Date	Change From:	Change To:	TPR Changes







# Extra Veterinary Visits

Includes: lameness, sickness, x-rays, medications, etc.

\*does not include immunizations, worming, floating

Date	Description	Diagnosis & Treatment	Cost

Total \$: \_\_\_\_\_







# Expense Summary

**Totals from:**

**Pg. 4: Immunizations:** \$ \_\_\_\_\_

**De-worming:** \$ \_\_\_\_\_

**Pg. 5: Shoeing:** \$ \_\_\_\_\_

**Dentistry:** \$ \_\_\_\_\_

**Pg. 9: Activities** \$ \_\_\_\_\_

**Pg. 10: Extra Veterinary** \$ \_\_\_\_\_

**Pg. 11: Feed and Board** \$ \_\_\_\_\_

**Pg. 12: Other** \$ \_\_\_\_\_

**Total Expenses:** \$ \_\_\_\_\_

**Pg. 13: Total Income:** \$                      <                      >

**Net Expenses:** \$ \_\_\_\_\_