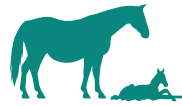


Equine Health Library Deworming Record



Name of Horse _____ Owner _____ Barn Name _____
 Registration No. _____ Microchip No. _____ Sire _____ Dam _____
 Breed _____ Sex _____ Foaling Date _____ Veterinarian _____

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Product Used												
Product Used												
Product Used												
Product Used												
Product Used												
Product Used												
Product Used												
Product Used												
Fecal Results: Type of parasite and # of eggs per gram												



If we always do right by the horse, we'll never do wrong.

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