

Equine Health Library Performance Horse Special Needs



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

Special Health Care	Date	Date	Date
Current Health Condition (Good, Needs Improvement, Poor)			
Body Condition Score			
Lameness			
Neurologic Disease			
Colic (Type, Frequency)			
Ulcers			
Skin Conditions & Allergies			
Endocrine Disease: _____			
Other: _____			
Other: _____			
Recommendations (Nutrition, Management, Shoeing)			
Medications (Dose, Schedule)			