

Equine Health Library  
**Senior Horse  
 Dental Record**



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

Dental Care	Date	Date	Date
Examination			
Float			
Extractions			
Problems Identified (Missing Teeth, Misalignment, etc.)			
Recommendations (More Frequent Checks, Dietary Changes, Senior Feed, etc.)			
Other: _____			
Other: _____			
Other: _____			