



# EQUINE CARE PROGRAM

Equestrian Canada

## INDIVIDUAL HORSE RECORDS

*Corresponds with Requirements 2.2, 2.4, and 4.0*

Below are parasite control, vaccination, and farrier records for *(insert horse name)* \_\_\_\_\_.

### Horse information:

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

Age: \_\_\_\_\_

Identifiers:

\_\_\_\_\_

*(e.g., microchip number, brand, markings)*

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

Health conditions/medications:

\_\_\_\_\_

\_\_\_\_\_

Other information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Parasite control:**

<b>Parasite method used:</b>	<b>Date:</b>	<b>Due date for next treatment/testing:</b>

**Vaccinations:**

<b>Vaccines administered:</b>	<b>Date:</b>	<b>Due date for next vaccinations:</b>

