

New Boarder Horse Health History Report

Owner: _____ Phone: _____
Horse name: _____ Registration # _____
Previous owner: _____ Phone: _____

Coggins Test Date: _____
Results: _____

Last Vaccinations Date: _____

Vaccinations Received:

- Influenza
- Rhinopneumonitis
 - Rhino Abortion EHV-1
 - Respiratory Rhino EHV-40
- Rabies
- Tetanus Toxoid
- Encephalomyelitis (EEE & WEE)
- Strangles
- Potomac Horse Fever
- Equine Viral Arteritis

Previous Veterinarian: _____ Phone: _____

Last Deworming Date: _____
Product Used: _____

Previous Farrier: _____ Phone: _____

Special Trimming/Shoeing Info: _____

Any Major Illnesses/Diseases/Pregnancies/Allergies: _____

Previous Exercise Level: _____

Previous Diet: _____

