

Health & Maintenance Records for

Horse: _____



The United States Pony Club, Inc.

Name: _____

Pony Club: _____

Region: _____

Start Date: _____

End Date: _____

General Information

Rider: _____ D.O.B: _____

Address: _____

_____ Phone #: (_____)

E-mail: _____

Owner: _____

Address: _____

Phone #'s: (_____) (_____)

Horse's Location

Name of Facility: _____

Address: _____

Phone #: (_____)

Veterinarian: _____ Phone #: (_____)

Farrier: _____ Phone #: (_____)

Other: _____ Phone #: (_____)

Insurance (Horse)

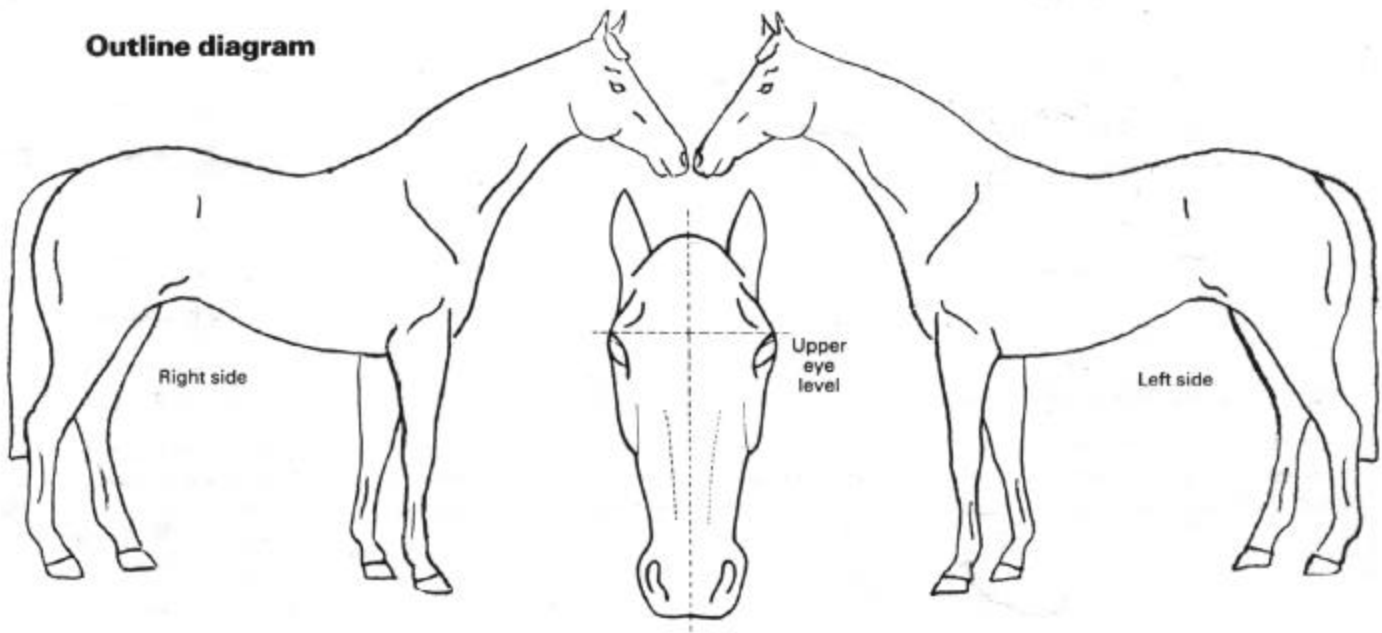
Carrier Name: _____

Policy #: _____

Phone #: (_____)

Emergency #: (_____)

Outline diagram



Draw in markings and brands on the diagram above.

Please place a photograph in the space below for identification purposes.
(This picture should be standing and in profile.)

Horse Information

Horse's Name: _____ Date Foaled.: _____

Height: _____ Color: _____ Breed: _____ Sex: _____

Weight: _____ Markings: _____

Tattoo/Brands: _____

Vital Signs At Rest:

Temperature: _____ Pulse: _____ Respiration: _____

Vices: _____

Special Medical Conditions: _____

Inoculation Schedule

Please list what vaccinations your horse gets and on what schedule: _____

Breed Registry: _____

Registration #: _____

Sire: _____

Dam: _____

Routine

Immunizations

Date	Vaccine	Due Again on:	Cost

Total \$: _____

De-worming

Date	Type of Wormer	Due Again on:	Cost

Total \$: _____

Procedures

Shoeing

Date	Type of Shoes	Next Appointment	Cost

Total \$: _____

Dentistry

Date	Procedure/Comments	Re-check on:(date)	Cost

Total \$: _____

Feed Schedule

AM: Roughage: _____
Concentrate: _____

NOON: Roughage: _____
Concentrate: _____

PM: Roughage: _____
Concentrates: _____

Supplements AM: _____

Supplements PM: _____

Salt Source: _____

Feed Changes

Date	Change From:	Change To:

Conditioning Schedule

(You may need to make additional copies of this page)

Conditioning Schedule for an average week:

Activity	Specifications	Average Minutes	Times/Week

Temperature: @rest: _____
 @work: _____

Pulse: @rest: _____
 @work: _____

Respiration: @rest: _____
 @work: _____

Conditioning Changes

Date	Change From:	Change To:	TPR Changes

Extra Veterinary Visits

Includes: lameness, sickness, x-rays, medications, etc.

*does not include immunizations, worming, floating

Date	Description	Diagnosis & Treatment	Cost

Total \$: _____

Expense Summary

Totals from:

Pg. 4: Immunizations: \$ _____

De-worming: \$ _____

Pg. 5: Shoeing: \$ _____

Dentistry: \$ _____

Pg. 9: Activities \$ _____

Pg. 10: Extra Veterinary \$ _____

Pg. 11: Feed and Board \$ _____

Pg. 12: Other \$ _____

Total Expenses: \$ _____

Pg. 13: Total Income: \$ < _____ >

Net Expenses: \$ _____