For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EQUINE REPORT CARD**

FIRST NAME LAST NAME

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

DATE HORSE AGE

**Vaccination Program**

1. Up to Date Tetanus \_\_\_\_\_ EEE/WEE \_\_\_\_\_ Flu \_\_\_\_\_ Rhino \_\_\_\_\_ PHF \_\_\_\_\_ Strangles \_\_\_\_\_
2. Vac. Due: Tetanus \_\_\_\_\_ EEE/WEE \_\_\_\_\_ Flu \_\_\_\_\_ Rhino \_\_\_\_\_ PHF \_\_\_\_\_ Strangles \_\_\_\_\_
3. Vac. Given: Tetanus \_\_\_\_\_ EEE/WEE \_\_\_\_\_ Flu \_\_\_\_\_ Rhino \_\_\_\_\_ PHF \_\_\_\_\_ Strangles \_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Coat & Skin** | | | | | |
| 1. Appears normal 2. Dull 3. Scaly 4. Dry | 1. oily 2. Shedding 3. Matted 4. Tumors | | | | 1. Itchy 2. Parasites 3. Other   \_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2. Eyes** | | | | | |
| 1. Appears normal 2. Discharge: L\_\_\_ R\_\_\_ 3. Inflamed: L\_\_\_ R\_\_\_ 4. Eyelid Deformities | | | 1. Infection: L\_\_\_ R\_\_\_ 2. Cataract: L\_\_\_ R\_\_\_ 3. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **3. Ears** | | | | | |
| 1. Appears normal 2. Inflamed 3. Itchy 4. Mites | | | 1. Tumor: L\_\_\_ R\_\_\_ 2. Excessive Hair 3. Other   \_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **4. Nose & Throat** | | | | | |
| 1. Appears normal 2. Nasal Discharge 3. Inflamed Throat | | | 1. Enlarged Lymph Glands 2. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **5. Mouth, Teeth, Gums** | | | | | |
| 1. Appears normal 2. Broken Teeth 3. Sharp edges 4. Ulcers 5. Tumors | | 1. Inflamed Lips 2. Loose Teeth 3. Pyorrhea   Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **6. Legs & hooves** | | | | | |
| 1. Appears normal 2. Lameness (LF, RF, LR, RR) 3. Damaged Ligaments 4. Thrush | | | | 1. Hoof Problems 2. Joint Problems 3. Other   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |
| --- | --- |
| 1. **Diagnosis / Description** | **Recommendations** |
| 1. Lab results by mail / phone / consult | 1. Recommend Teeth Float |
| 1. Injection given | 1. Recommend referral to a farrier |
| 1. Start medication at\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Recommend weight loss \_\_\_ weight gain \_\_\_ |
| 1. Give second dose medication on / / | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DR. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Need \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_ days** |

2195 R2016NOV **Your Animal Hospital**

**Street Address**

**City, ST ZIP**

**(555) 123-4567**

|  |  |  |
| --- | --- | --- |
| **7. Heart**  **Coggins Test**   1. Negative 2. Positive 3. Recommended   **Fecal Test**   1. Negative 2. Positive 3. Recommended | | |
| 1. Appears normal 2. Murmur 3. Slow | | 1. Fast 2. Other \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **8. Abdomen** | | |
| 1. Appears normal 2. Enlarged Organs 3. Fluid | 1. Abnormal Mass 2. Tense/Painful 3. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **9. Lungs** | | |
| 1. Appear normal 2. Abnormal sound 3. Coughing 4. Congestion | 1. Breathing Difficulty 2. Rapid Respiration 3. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **10. Gastrointestinal System** | | |
| 1. Appears normal 2. Palpation - OK 3. Colic History 4. Sounds: L \_\_\_ R \_\_\_\_ | 1. Abnormal Feces 2. Parasites 3. Anorexia\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **11. Urogenital System** | | |
| 1. Appears normal 2. Discharge 3. Abnormal testicles | 1. Mammary tumors 2. Other   \_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **12. Central nervous System** | | |
| 1. Appears Normal 2. Seizures | 1. Depression. 2. Behavior Problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **13. Diet** | | |
| 1. Excellent 2. Good | 1. Vitamins needed 2. Improvement necessary | |