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
 |