



Pat Griffin, DVM, PhD, DACT
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 608-845-6006

FARM VACCINATION, DENTAL CARE AND DEWORMING RECORDS

Owner's Name: _____
 Contact Information: _____
 Home: _____
 Work: _____
 Cell: _____

Horse's Name: _____
 Horse's Date of Birth: _____
 Description: _____
 Sire: _____
 Dam: _____

Vaccination & Dental Care Dates

(Fill in dates that each vaccine was given or when dental work was performed)

Eastern/Western/ Tetanus Combo	West Nile	Rabies	Influenza	Rhino	Potomac Horse Fever	Strangles	Dental Care Performed

Dedicated to the health and well being of the horse



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Deworming Information

(Fill in fecal egg count information, date dewormer was given and what product or drug was used)

Fecal Egg Count Date/Result	Estimated Weight of Horse	Date Dewormed	Product Used

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