



Erika Jansson
Dressage

Date _____

Horse Health & Feed

Owner _____ Phone _____

Horse Name _____ Breed _____

Year Born _____ Color _____ Mare _____ Gelding _____ Stallion _____

Height/Weight _____

Hay/Grain Bag Feeding

AM _____

Lunch _____

PM _____

Special Instructions

Averages taken over the period of 7 days

Temp _____

Pulse _____

Heart _____

Gum Color _____

Respiration _____

Allergies _____

Special Instructions _____

Regular Treatments (Bodywork, Accupuncture, Etc) Date of the last treatment _____

Last shoeing _____ Last Dental _____ Last Worming _____

Vaccination Date _____

Vices/Illnesses

Cribbing? YES NO Weaving? YES NO Other vices? YES NO

Tying-up? YES NO Colic? YES NO Other Illnesses? YES NO

If yes, please describe including frequency and methods used to prevent/curtail these vices or illnesses

Notes
