IRONGATE
EQUINE CLINIC

Pat Griffin, DVM, PhD, DACT
Howard R. Ketover, DVM
Lisa M. Nesson, DVM
1848 Waldorf Boulevard
Madison, WI 53719
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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