

Health & Maintenance Records for

Horse: _____



The United States Pony Clubs, Inc.

Name: _____

Pony Club or Riding Center: _____

Region: _____

Start Date: _____

End Date: _____

General Information

Rider: _____ Certification: _____

Address: _____

_____ Phone #: () _____

E-mail: _____

Owner: _____

Address: _____

Phone #'s: () _____ () _____

Horse's Location

Name of Facility: _____

Address: _____

Phone #: () _____

Veterinarian: _____ Phone #: () _____

Farrier: _____ Phone #: () _____

Other: _____ Phone #: () _____

Insurance (Horse)

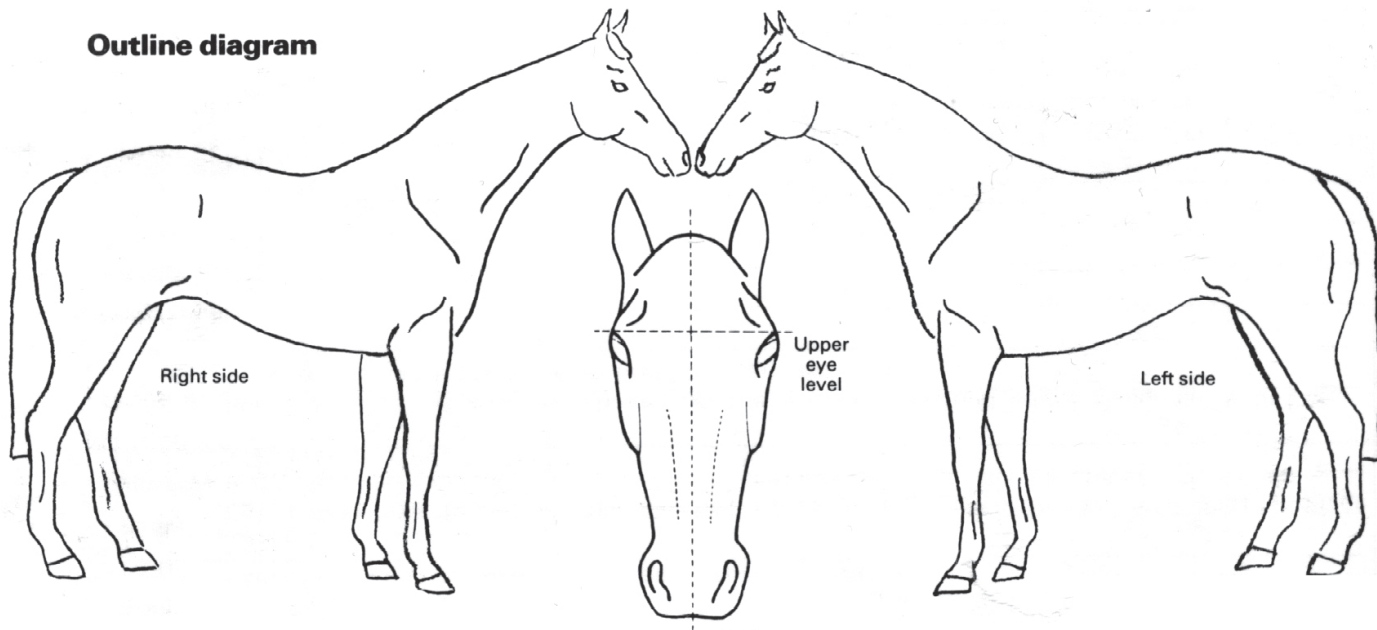
Carrier Name: _____

Policy #: _____

Phone #: () _____

Emergency #: () _____

Outline diagram



Draw in markings and brands on the diagram above.

Please place a photograph in the space below for identification purposes.
(This picture should be standing and in profile.)

Horse Information

Horse's Name: _____ Date Foaled: _____

Height: _____ Color: _____ Breed: _____ Sex: _____

Weight: _____ Markings: _____

Tattoo/Brands: _____

Vital Signs at Rest:

Temperature: _____ Pulse: _____ Respiration: _____

Vices: _____

Special Medical Conditions: _____

Vaccination Schedule

Please list what vaccine your horse gets and on what schedule: _____

Breed Registry: _____

Registration #: _____

Sire: _____

Dam: _____

Routine

Vaccinations

Date	Vaccine	Due Again on:	Cost

Total \$: _____

De-worming

Date	Type of Wormer	Due Again on:	Cost

Total \$: _____

Procedures

Shoeing

Date	Type of Shoes	Next Appointment	Cost

Total \$: _____

Dentistry

Date	Procedure/Comments	Re-check on:(date)	Cost

Total \$: _____

Conditioning Schedule

(You may need to make additional copies of this page)

Conditioning Schedule for an average week:

Activity	Specifications	Average Minutes	Times/Week

Temperature: @rest: _____
 @work: _____

Pulse: @rest: _____
 @work: _____

Respiration: @rest: _____
 @work: _____

Conditioning Changes

Date	Change From:	Change To:	TPR Changes

Extra Veterinary Visits

Includes: lameness, sickness, x-rays, medications, etc.

*does not include vaccinations, worming, floating

Date	Description	Diagnosis & Treatment	Cost

Total \$: _____

Expense Summary

Totals from:

Pg. 4: Vaccinations: \$ _____

De-worming: \$ _____

Pg. 5: Shoeing: \$ _____

Dentistry: \$ _____

Pg. 9: Activities \$ _____

Pg. 10: Extra Veterinary \$ _____

Pg. 11: Feed and Board \$ _____

Pg. 12: Other \$ _____

Total Expenses: \$ _____

Pg. 13: Total Income: \$ < _____ >

Net Expenses: \$ _____

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