

Horse's Name: _____

Gender: _____

Rescue Date: _____

Breed: _____

Board Start Date: _____

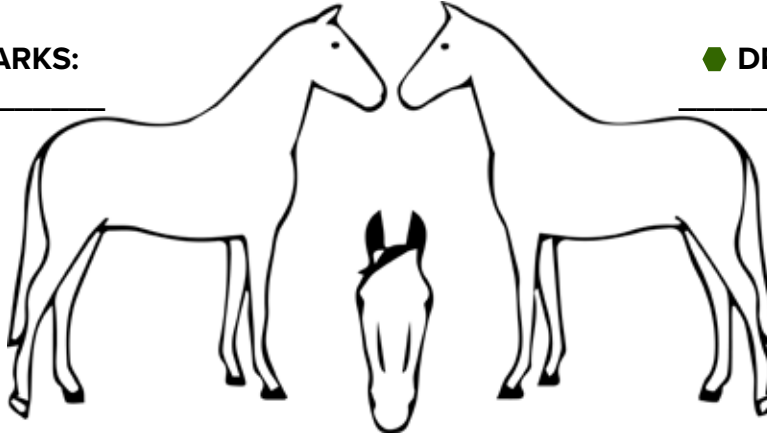
Horse Identification and Health Record

Color: _____

Age: _____

Coggins Date: _____

◆ DESCRIPTION/REMARKS:



◆ DESCRIPTION/REMARKS:

◆ OTHER IDENTIFYING FEATURES OR BEHAVIORS

◆ MANAGEMENT INFORMATION

KNOWN ALLERGIES _____

KNOWN HEALTH CONDITIONS _____

DIET, SUPPLEMENTS, PASTURE _____

Swingin' D will administer emergency medications and supplements for an additional fee of \$5 per occurrence to be paid with monthly board. Daily medications are the responsibility of the owner to dispense.

MEDICATIONS/SCHEDULE:

DATE: _____ INSTRUCTIONS: _____

DATE: _____ INSTRUCTIONS: _____

DATE: _____ INSTRUCTIONS: _____

◆ VACCINATIONS

DISEASE(S)	DATE	ROUTE (IM/IN)
ANTHRAX	_____	_____
BOTULISM	_____	_____
EEE/WEE/VEE	_____	_____
WNV	_____	_____
FLU/RHINO	_____	_____
INFLUENZA	_____	_____
POTOMAC HORSE FEVER	_____	_____
RABIES	_____	_____
RHINOPNEUMONITIS	_____	_____
ROTAVIRUS	_____	_____
STRANGLES	_____	_____
TETANUS	_____	_____

◆ DENTAL RECORD

DATE _____ PROCEDURE _____

DATE _____ PROCEDURE _____

DATE _____ PROCEDURE _____

Horse's Name: _____



TRANSPORTATION

EMERGENCY CONTACT INFORMATION

Owner Name: _____
Phone 1: _____
Phone 2: _____
Email: _____
Physical Address: _____

Emergency Contact: _____
Phone 1: _____
Phone 2: _____

In the event of a medical emergency, Swingin' D staff will make every effort to call the horse's owner first. If we are unable to reach the owner, we are authorized to spend up to \$_____ for veterinary care, to be reimbursed within 24 hours of payment, without prior approval from the owner. The owner understands he/she is responsible for all veterinary bills.

Veterinarian 1: _____
Vet 1 Phone: _____
Veterinarian 2: _____
Vet 2 Phone: _____

FARRIER SCHEDULE

Swingin' D will set up farrier appointments every six to eight weeks. We will catch and stand with the horse for an additional fee of \$25, due in advance with monthly board. If you prefer to use your own farrier, please provide the name and telephone number in the case of hoof-related emergencies.

Farrier 1: _____
Farrier 1 Phone: _____
Farrier 2: _____
Farrier 2 Phone: _____

Trim Date	Trim Date
_____	_____
_____	_____
_____	_____
_____	_____

Swingin' D transports horses for a minimum fee of \$75. Round-trip hauls over 75 miles are charged at \$1.25 per mile. If you choose to use your own transportation, please provide the contact information: _____

DE-WORMING SCHEDULE

Swingin' D Horse Rescue keeps horses on a 6-8-week de-worming rotation during the spring, summer and fall months. De-worming is included in your monthly board.

Date	Type
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby acknowledge I have read and contributed to the above record. I understand my horse's health is my responsibility, and I will take an active role in ensuring its future wellbeing.

Owner Signature