

Master Horse Health Record Sheet

A complete individual profile for recording medical history, vaccinations, vet visits, and baseline health details.

Registered Name: _____	Barn Name: _____
Breed: _____	Sex: ☐ Mare ☐ Gelding ☐ Stallion
DOB / Age: _____	Color / Markings: _____
Microchip #: _____	Registration #: _____
Primary Vet & Clinic: _____	Vet Phone: _____
Owner Name: _____	Owner Phone: _____

Vaccination History & Reminders

Date	Vaccine / Disease	Manufacturer & Lot #	Administered By	Next Due Date

Veterinary Visits, Dental & Surgical History

Date	Vet / Specialist	Reason / Procedure / Diagnosis	Treatment / Meds	Cost (\$)

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