

## SAMPLE: EQUINE MEDICAL RECORD

|                      |   |
|----------------------|---|
| <b>Client ID:</b>    | <b>Animal ID:</b><br><br><small>Food Producing / Non Food Producing</small> |
| <b>Veterinarian:</b> | <b>Date:</b>  |

### History / Previous Treatment

Has another veterinarian been consulted?  Yes Dr. \_\_\_\_\_  No

### Presenting Complaint

### Physical Examination

|   |                |                  |  |
|---|----------------|------------------|--|
| <b>T:</b> (F/C)   | <b>HR:</b> bpm | <b>RR:</b> min.  |  |
| <b>Attitude:</b>  |                | <b>BCS:</b>      |  |
| <b>Reproductive Status:</b> Pregnant / Open / Fresh / Bred / Immature |                |                  |  |
| <b>Appetite:</b> Normal / Partial / Absent                            |                | <b>Duration:</b> |  |
| <b>Signification Findings:</b>  |                |                  |  |

# Equine Medical Record

|             |  |
|-------------|--|
| Client ID # |  |
| Animal ID # |  |

## Assessment:

## Specimens Taken:

## Instructions to Client:

| Product | Amount | Route | Frequency | Duration |
|---------|--------|-------|-----------|----------|
|         |        |       |           |          |

## Treatment Plan

## Withdrawal Plan

\_\_\_\_\_  
Veterinarian Signature

\_\_\_/\_\_\_/\_\_\_  
Date: