

Equine Health Library
**Foal Dental
 Record**



Name of Horse _____ Owner _____ Barn Name _____
 Registration No. _____ Microchip No. _____ Sire _____ Dam _____
 Breed _____ Sex _____ Foaling Date _____ Veterinarian _____

Dental Care	Date	Date	Date
Examination			
Float			
Extractions			
Problems Identified (Missing Teeth, Misalignment, etc.)			
Recommendations (More Frequent Checks, Dietary Changes, Senior Feed, etc.)			
Other: _____			
Other: _____			
Other: _____			



If we always do right by the horse, we'll never do wrong.