

# Equine Health Library Foal Special Needs



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

Special Health Care	Date	Date	Date
Current Health Condition (Good, Needs Improvement, Poor)			
Body Condition Score			
Lameness			
Neurologic Disease			
Colic (Type, Frequency)			
Ulcers			
Skin Conditions & Allergies			
Endocrine Disease: _____			
Other: _____			
Other: _____			
Recommendations (Nutrition, Management, Shoeing)			
Medications (Dose, Schedule)			



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