

Hoof Care

Date	Farrier	Shod	Reset	Trim	Follow-Up

Dental Care

Date	Exam	Float

Breeding Record

Estrus Date	Date Bred	Open	Prgnt Lft Hn	Prgnt Rt Hn

Disease Protection

		Most Convenient!					
		Equi-jec® 7	Equi-jec® 6	Equi-jec® 5	Equi-jec® 2	Equi-jec® WNV+EWT	Equi-jec® WNV
Sleeping Sickness	Eastern Encephalomyelitis (EEE)						
	Western Encephalomyelitis (WEE)						
	Venezuelan Encephalomyelitis (VEE)						
	West Nile Virus (WNV)						
	Tetanus (T)						
	Influenza*** (Flu)						
	Herpesvirus*** (Rhino)						

***See individual product labels for specifics of each product.

Website



Horse's Name _____

Date Foaled _____

Breed _____

Sex _____

Dam _____

Sire _____

Markings _____

Weight _____

Registration No. _____

Tattoo No. _____

Owner _____

Address _____

City _____

State _____

Zip Code _____

Phone _____

Mobile _____

Name Of Veterinarian _____

Veterinarian's Phone _____

Emergency Contact _____

Phone _____

Primary Vaccination - Year :



Vaccination Date: _____
 Vaccination Date: _____
 Next Vaccination Due: _____

- Venezuelan Encephalomyelitis (Sleeping Sickness)
- Eastern, Western Encephalomyelitis (Sleeping Sickness)
- West Nile Virus
- Influenza
- Herpesvirus
- Tetanus



Vaccination Date: _____
 Vaccination Date: _____
 Next Vaccination Due: _____

- Eastern, Western Encephalomyelitis (Sleeping Sickness)
- West Nile Virus
- Influenza
- Herpesvirus
- Tetanus



Vaccination Date: _____
 Vaccination Date: _____
 Next Vaccination Due: _____

- Eastern, Western Encephalomyelitis (Sleeping Sickness)
- Influenza
- Herpesvirus
- Tetanus



Vaccination Date: _____
 Vaccination Date: _____
 Next Vaccination Due: _____

- Influenza
- Herpesvirus



Vaccination Date: _____
 Vaccination Date: _____
 Next Vaccination Due: _____

- Eastern, Western Encephalomyelitis (Sleeping Sickness)
- West Nile Virus
- Tetanus



Vaccination Date: _____
 Vaccination Date: _____
 Next Vaccination Due: _____

- West Nile Virus

Other Vaccinations - Year:

Potomac Horse Fever Vaccination Date: _____
Strangles Vaccination Date: _____
Rabies Vaccination Date: _____

Physical Exams - Year:

Date	Description

Suggested Vaccination Schedule

Deworming Record		Date	Description
Product	Product		
Jan.	July		
Feb.	Aug.		
Mar.	Sept.		
Apr.	Oct.		
May	Nov.		
June	Dec.		

	Vaccination	Most Convenient and Economical	Most Versatile	
		Using ONE Vaccine	Using TWO Vaccines	
			Option 1	Option 2
Foals	First injection	Equi-Jec® 6 OR Equi-Jec® 7	Equi-Jec® WNV + EWT Equi-Jec® 2	Equi-Jec® 5 Equi-Jec® WNV
	3-4 weeks following first injection	Equi-Jec® 6 OR Equi-Jec® 7	Equi-Jec® WNV + EWT Equi-Jec® 2**	Equi-Jec® 5 Equi-Jec® WNV
Adults	12 months and annually*	Equi-Jec® 6 OR Equi-Jec® 7	Equi-Jec® WNV + EWT Equi-Jec® 2	Equi-Jec® 5 Equi-Jec® WNV

*Consult with your veterinarian for frequency of vaccination if you are in a high-risk area for disease.
 ** Equi-Jec 2 requires a 3rd booster dose 3-4 weeks after the 2nd dose.