Horse Health Record

About Your Horse

Name:	Date of Birth:
Sex: ☐ Stallion ☐ Mare ☐ Gelding	Breed:
Microchip Number:	
Color and Markings:	

Vaccination Record

Date:	Rabies	WNV	EEE/WEE	Tetanus	Other
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	

Medical History

Illness:

Allergies:

Medications:

Owner Information

Name:	
Address:	
City, State, Zip:	
Cell:	Alt Phone:

Veterinarian Information

Name:
Address:
City, State, Zip:
Phone:

Insurance Information

Name:
Policy #:
Phone:

Paste picture here

Utah Community Animal Response Program
bit.ly/ucarp

UDAF

Be Ready Utah
BeReadyUtah.gov