Corriente Veterinary Service
2140 Maple Drive
Plover, WI 54467
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Name of Horse ____ Reg. No________________

Breed ____________________________________ Sex ____________ Foaling Date _____________

Color/Markings ____

Owner ____

Address ____

Phone ____ Email _____________________________

Farrier ____ Phone _____________________________

Other ____ Phone _____________________________

MEDICAL HISTORY ALERTS

VACCINATION HISTORY

Vaccine Description/Brand	Year ______	Year ______	Year ______	Year ______	Year ______

PARASITE CONTROL		
Date	Test Result/Product Used	Recommendations

HOOF CARE				
Date	Trim	Shod	Reset	Comments

DENTAL EXAMS			
Date	Dr	Float	Comments

FEEDING PROGRAM & OTHER INFO