

# CANYON LARGE ANIMAL CLINIC

## Patient Record Sheet

Owner: \_\_\_\_\_

Horse Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

### VACCINES

Date	Type	Comments
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_____	_____	_____
_____	_____	_____
_____	_____	_____

### DEWORMING

Date	Type	Comments
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_____	_____	_____
_____	_____	_____

### TEETH FLOATING

Date	Comments
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_____	_____
_____	_____

### MEDICATIONS

Name	Frequency	Duration
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_____	_____	_____
_____	_____	_____

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