



Deworming Record



Name of Horse _____ Owner _____
 Barn Name _____ Registration No. _____
 Sire _____ Dam _____
 Breed _____ Sex _____ Foaling Date _____
 Veterinarian _____

Year	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Product Used												
Product Used												
Product Used												
Product Used												
Product Used												
Product Used												
Product Used												
Product Used												
Fecal Results: Type of parasite and no. of eggs per gram												



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