



# Foal 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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