

# CHECKLIST TO BE COMPLETED FOR EACH EQUINE



Date:	Case Reference:
Equine Name:	
Age, sex, breed (registered?):	
Description:	
Henneke Body Score (1-9):	
Current Coggins?	
Microchip, lip tattoo, or branding?	
Worming: Frequency, last time, and with what?	
Condition of hooves:	
Skin condition:	
Any past medical history (colic, founder, other?)	
Any signs of diarrhea?	
Describe the equines diet:	
Notes:	
Photos Required:	Front, back, each side, hooves, and any injuries or areas of concern