



Annual Wellness Preventative Care Checklist

Horse name: _____

Annual Physical Exam

Exam Date: _____

Annual Dental/Oral Exam

Exam Date: _____

Annual Vaccinations:

EWE/Tetanus *Date:* _____

West Nile *Date:* _____

Strangles *Date:* _____

Rabies/Potomac *Date:* _____

Flu Rhino (Quarterly) *Date 1:* _____

Date 2: _____

Date 3: _____

Date 4: _____

Annual Fecal Test: *Date:* _____

Deworming: *Date 1:* _____

Date 2: _____

Annual Gastric Scope:

Exam Date: _____

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