



# FOAL DEWORMING RECORD



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Name of Horse \_\_\_\_\_ Registration No. \_\_\_\_\_ Tattoo 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 # OF EGGS PER GRAM												