



Tel: 01782 510502
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CARE PLAN FOR MY HORSE/PONY

Horse Name: _____ Age: _____

Owner Name: _____ Telephone: _____

Registered Vet: _____ Vet Telephone: _____

Vaccinated for: FLU Y/ N TETANUS Y/N Date Vaccinations due: _____

Date Last Wormed? Or Date last sampled? _____

Details of any horse insurance: _____

Would you choose to operate for colic if someone can't get a hold of you? Y / N

Pre-existing Medical Condition/s: _____

Contact information for:

Farrier: _____

Dentist: _____

Physio: _____

Description of my horse/pony's behaviour/temperament/quirks: _____

How often do you order your supplies (feed/hay/straw/shavings etc)? Please describe and provide contact details of suppliers: _____

DAILY ROUTINE

Turnout and Stable Routine - please outline the daily schedule (where, how long, rugs, boots)?: _____

Amendments to usual routine in bad weather? If so, please describe: _____

Feed (Including Supplements/Forage):

Breakfast _____

Dinner: _____

Medications - detailed instructions of where meds are stored, how and when administered, how to order more if needed: _____

Any other useful information: _____

If you are in a yard with multiple horses, please consider labelling your equipment such as haynets, feed buckets, feed bins, headcollars, groom kits and rugs etc. with names so that someone can ensure the horse is being cared for using the property of his/her owner.