**SAMPLE RECORD: EQUINE STABLE VISIT FOR ROUTINE CARE**

***(Routine care may include immunization, deworming, dental care, etc.)***

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| Date: | Client ID: |
| Veterinarian: | Group ID or Location: |

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| Owner ID | Animal ID | Presenting Complaint | Observations (physical exam findings) | Assessment | Procedure(s) | Treatment(s) | WD\* | Comments/Other Findings |
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\*WD = drug withholding time, or time-out