

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

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

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

Owner ID	Animal ID	Presenting Complaint	Observations (physical exam findings)	Assessment	Procedure(s)	Treatment(s)	WD*	Comments/Other Findings

\*WD = drug withholding time, or time-out