Medications Log for: _____
(horse's name)

the HORSE
YOUR GUIDE TO EQUINE HEALTH CARE

Owner:_____   Veterinarian:_____
Owner's phone:_____   Vet's phone:_____
Owner's phone 2:_____   Vet's phone 2:_____

Prescribed Medication/Supplement Schedule

Medication 1:_____ Dosage:_____ Route:_____ Frequency:_____
Medication 2:_____ Dosage:_____ Route:_____ Frequency:_____
Medication 3:_____ Dosage:_____ Route:_____ Frequency:_____

Record of Medications Administered

DATE	TIME	MEDICATION/SUPPLEMENT	ROUTE	COMMENTS	INITIALS