HORSE - MEDICATION INVENTORY FORM

Owner Name: _____

Farm Name: _____

Refrigerator temperature: ____EC or ____EF

Legend

I.M. -	In the muscle	I.V. -	In the vein	I.F. -	In the feed	T -	Topical
S.Q. -	Under the skin	O.R. -	Oral	I.W. -	In the water	t -	Vet script/off-label use

Name of Medication	Manufacturer	Treated Animal(s) (e.g., Foal)	Dosage (e.g., 2 mL/45 kg, 1 cc/10 lb, 2x/day or 200 g/t)	Route (see legend)	Significant Contraindications, Cautions or Warnings	Storage on Farm (e.g., fridge, cupboard, etc.)	Withdrawal (days)

Additional information: _____

Reviewed and approved by (print) _____ on _____ (print) _____ and _____ on _____

(sign) _____ Date (sign) _____ Date

Owner/Employee Veterinarian