

Vermont Large Animal Clinic Equine Hospital

Foal Vaccination & Deworming Record

Name of Foal _____ Dam _____

Foaling Date _____ Sex _____ Breed _____



Foals of <i>Non-vaccinated</i> Mares												
Month	1	2	3	4	5	6	7	8	9	10	11	12
Date												
EEE/WEE/Tetanus				Initial	1 st Booster		2 nd Booster					1 st Adult Spring Shots
West Nile				Initial	1 st Booster		2 nd Booster					1 st Adult Spring Shots
Potomac + Rabies				Initial	1 st Booster							1 st Adult Spring Shots
Influenza (Flu)						Initial	1 st Booster					1 st Adult Spring Shots
EHV-1,4 (Rhino)						Initial	1 st Booster					1 st Adult Spring Shots
Deworm	Deworm within 24 hours of foaling	Panacur		Panacur		Fecal Egg Count	Ivermectin + Praziquantal (Determined by FEC)			Panacur		Ivermectin + Praziquantal (Equimax or Zimectrin Gold)