Medications Log for:_____

(horse's name)

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