



Dewormer Schedule

Horse's Name _____

Horse's Age _____ Horse's Weight _____ Horse's Breed _____

Owner's Name _____ Phone Number _____

Veterinarian's Name _____ Phone Number _____

	Jan/Feb	Mar/Apr	May/Jun	Jul/Aug	Sep/Oct	Nov/Dec
Date Wormed						
Dewormer Used						
Parasite Targeted						