Green Sheet

Name *horse name*

Age/Breed/sex/Weight

age	breed	sex	weight

State:

Period Date 1-Date 2

Parameter (use 1 for good; 0 for abnormal and leave blank if no change)	**Week 1**				**Week 2**				**Week 3**				**Week 4**				**Week 5**				**Notes**
Behavior																					
Appetite																					
Medical issue (make note)																					
Vaccination (note vaccine/date)																					
Deworming (note drug/date)																					
Gait (1 normal; 0 abnormal)																					
Normal in pasture																					
Good workout																					
Blacksmith trim or shoe																					
Drops feed																					
Drools																					
Weakness																					
Laying down more																					
Stumbles or trips																					
Tail carrage abnormal																					
Lameness																					
Weight loss/muscle atrophy																					
Sensitive skin when brushed																					