



# Vital Signs Record Sheet

<b>Date</b>	
<b>Time</b>	
<b>Owner</b>	
<b>Person taking Vital Signs</b>	

<b>Horse Information</b>			
Horse Name:			
Age:			
Breed:			
Height:			
Weight:			
(1) Vet Name:		(1) Vet Number:	
(2) Vet Name:		(2) Vet Number:	
<b>Vital Signs</b>			
Resting heart rate (RHR)	<i>(30-50 beats per minute)</i>		
Respiration rate (RR)	<i>(8-14 breaths per minute)</i>		
Body temperature (BT)	<i>(37.4-38.4°C)</i>		
Gut sounds			
Hydration level	<i>(skin turgor test should retract in less then 2 seconds)</i>		
Capillary refill time (CRT)	<i>(Should be less then 2 seconds)</i>		
Mucous membranes (MM)	<i>(Should be a healthy pink colour)</i>		
<b>Check-Ups</b>			
Date of last worming:			
Date of last vet check-up:			
Date of last shoeing:			
Date of last dental check:			