

Equine First Aid Kit Checklist

Assessment Tools

- ☐ Digital rectal thermometer
- ☐ Stethoscope
- ☐ Flashlight
- ☐ Extra batteries
- ☐ Disposable exam gloves
- ☐ Scissors
- ☐ Rechargeable clippers

Bandaging Supplies

- ☐ Cast padding
- ☐ Cotton rolls and/or standing wraps
- ☐ Vet Wrap
- ☐ Elastikon
- ☐ Duct tape
- ☐ Plastic wrap

Hoof & Abscess Supplies

- ☐ Diapers (typically size 3–4 for an average horse)
- ☐ Animalintex or other poultice pads
- ☐ Epsom salts
- ☐ Magnapaste
- ☐ Duct tape

Wound Care & Cleaning

- ☐ Sterile saline
- ☐ Chlorhexidine scrub
- ☐ Betadine scrub
- ☐ 70% isopropyl alcohol
- ☐ 4 × 4 gauze pads
- ☐ Nonstick/Telfa dressings
- ☐ Triple antibiotic ointment
- ☐ Manuka or silver honey
- ☐ SWAT fly ointment
- ☐ AluShield bandaging spray
- ☐ Small clean containers or Ziploc bags

Veterinarian-Prescribed Medications

Only keep and administer medications as prescribed by your veterinarian within an active VCPR. Your veterinarian may recommend keeping some of the following on hand based on your horse's individual needs.

- ☐ Flunixin meglumine (Banamine)
- ☐ Phenylbutazone (Bute)
- ☐ Neo-Poly-Bac ophthalmic ointment
- ☐ Silver sulfadiazine cream (SSD)
- ☐ Other medications specifically prescribed for your horse
- ☐ Written dosing/instructions from your veterinarian
- ☐ Check medication expiration dates regularly

Other Useful Supplies

- ☐ 35 mL catheter-tip syringes
- ☐ 60 mL catheter-tip syringes
- ☐ Furazone/Fura-Free, if recommended by your veterinarian

Emergency Identification & Preparedness

- ☐ Veterinarian's regular phone number
- ☐ Veterinarian's emergency/after-hours number
- ☐ Written emergency instructions for caregivers/boarders
- ☐ Horse identification tags
- ☐ Owner contact information
- ☐ Leather or breakaway halter
- ☐ Extra identification tag for braiding into mane
- ☐ Livestock marking paint/marketing stick

When You Call Your Veterinarian

Keep This Section Filled Out

Horse Name	_____	Age	_____	Breed	_____
Primary Veterinarian	_____	Sex	_____	Pregnant	Yes _____ No _____
Emergency Number	_____	Regular Phone	_____		
Barn / Trainer	_____				
Physical Address	_____		Gate Code	_____	

What is Happening

Describe the Problem: _____

What Are You Seeing?

- | | | |
|---|---------------------------------------|------------------------------------|
| ☐ Bleeding | ☐ Swelling | ☐ Down |
| ☐ Eye Issue | ☐ Wound | ☐ Eye Issue |
| ☐ Lameness | ☐ Other: _____ | |
| ☐ Difficulty Breathing | _____ | |

When Did You First Notice It? _____

Starting Information

Temperature: _____ °F

Respiratory Rate: _____ breaths per minutes

Heart Rate: _____ beats per minute

Gut Sounds: Normal Reduced
 None Unsure

Eating: Yes No

Drinking: Yes No

Manure: Yes No

Urination: Yes No

What Have You Already Done?

- ☐ Wound cleaned?
☐ Bandage Applied?
☐ Medications Given?

Medication _____

Dose/Amount _____ Time _____

Medication _____

Dose/Amount _____ Time _____

Anything Else? _____

Other Abnormalities

Photos and Video

- ☐ Photo before bandaging or covering but after cleaning
☐ Close-up and whole-area photo
☐ Video walking (if safe to move horse)
☐ Video unusual behavior, drinking, movement

While You Wait

- ☐ Unlock the gate and/or gave gate code
☐ Turn on lights and prepare a safe area for exam
☐ Catch horse (if safe to do so)
☐ Have First Aid Kit nearby