HEALTH RECORD FOR HORSE

(Please have your veterinarian help you fill out this form)

Make sure to bring a copy of your horse's Coggins for us to keep on file during the week.

(Please note: We will not have a copy machine available!)

Owner's Name _____

Address _____

_____

Horse's Name _____

Sex of Horse _____ Breed _____ Age of Horse _____

Description _____

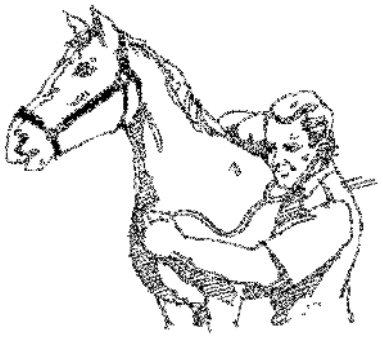
(color) (markings)

Date of Last Veterinarian Examination _____

Negative Coggins Test Required _____/_____

(date of test) (control number)

Date of Last Deworming _____



Vaccinations (give date):

Eastern & Western Equine Encephlomyelitis (required) _____

Venezuelan Equine Encephlomyelitis (optional) _____

Tetanus (required) _____

Rabies (optional) _____

Fluvac (optional) _____

Strangles (optional) _____

West Nile (optional) _____

Has this animal ever exhibited the symptoms of flu or strangles? Yes _____ No _____

If yes, please give the date and year _____

General Information (Is this animal - bred, inclined to colic or "tie up" easily, prone to wheezing, what past management techniques have you practiced, etc.):

List any stable peculiarities (doesn't like mares, unties gates, last time housed in a stall, etc.) that your horse has that might possess:

I certify that the above-named animal has had the required tests and vaccinations and is in good health to participate in the activities required in attending the 4-H Horsemanship Camp.

Owner's Signature _____ Phone _____

Veterinarian's Signature _____ Phone _____