

Horse Identification Form

HORSE'S NAME _____

■ **OWNER**

OWNER'S ADDRESS _____
CITY _____ STATE _____ ZIP _____
WORK PHONE _____
CELL _____
E-MAIL _____

■ **HORSE'S REGISTERED NAME**

REGISTERED NAME _____
BARN NAME _____
AGE _____ BREED _____ COLOR _____
SEX ☐ STALLION ☐ MARE ☐ GELDING ☐ COLT ☐ FILLY
REGISTRATION ORGANIZATION _____
MICROCHIP NO. _____

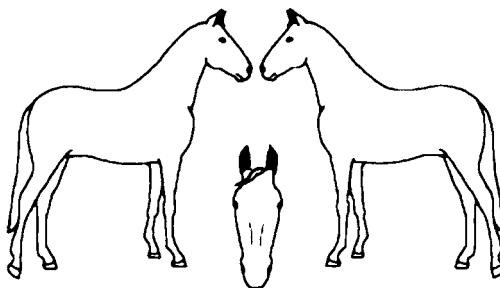
■ **VETERINARIAN**

VET'S ADDRESS _____
CITY _____ STATE _____ ZIP _____
WORK PHONE _____
CELL _____
E-MAIL _____

■ **ALTERNATE CONTACT**

ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____
CELL _____
E-MAIL _____
INSURANCE CO. _____ PHONE _____

■ **DESCRIPTION / REMARKS**



■ **DESCRIPTION / REMARKS**

■ **OTHER IDENTIFYING FEATURES, EQUIPMENT, OR BEHAVIORS**

■ **MANAGEMENT INFORMATION**

KNOWN ALLERGIES _____
KNOWN HEALTH CONDITIONS _____
NORMAL DIET INCLUDING SUPPLEMENTS AND PASTURE _____
MEDICATIONS/SCHEDULE _____
HORSE IS USUALLY KEPT (Please check one)
☐ AT PASTURE FULL-TIME ☐ STALLED FULL-TIME
☐ TURNED OUT PART OF MOST DAYS
LAST NEGATIVE COGGINS TEST (EIA) _____

■ **VACCINATIONS**

DISEASE(S)	DATE	ROUTE (IM/IN)
ANTHRAX	_____	_____
BOTULISM	_____	_____
EEE/WEE/VEE	_____	_____
WNV	_____	_____
FLU/RHINO	_____	_____
INFLUENZA	_____	_____
POTOMAC HORSE FEVER	_____	_____
RABIES	_____	_____
RHINOPNEUMONITIS	_____	_____
ROTAVIRUS	_____	_____
STRANGLES	_____	_____
TETANUS	_____	_____

■ **ADDITIONAL REMARKS**
