

## HEALTH RECORD FOR HORSE

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

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

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- April 1 or later)

(control number)

Date of Last Deworming \_\_\_\_\_

### **Vaccinations (give date):**

**Eastern & Western Equine Encephelomyelitis (required)** \_\_\_\_\_

Strangles (recommended) \_\_\_\_\_

**Tetanus (required)** \_\_\_\_\_

Venezuelan Equine Encephelomyelitis (optional) \_\_\_\_\_

**Rabies (required)** \_\_\_\_\_

**Fluvac (required)** \_\_\_\_\_

**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:

Is your horse on any medications? If yes, please list the name/type and frequency:

**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 \_\_\_\_\_

*Please send completed form to: Extension Horse Husbandry, Attn. Horsemanship Camp, Box 7621 NCSU, Raleigh, NC 27695-7621*