

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- January 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