

ATHENS/PHILLIPS VETERINARY COGGINS "FIELD FORM"

For Doctor Use Only

Dr. _____ Date _____ IN VSPS _____ BLOOD DRAWN _____
 Horse _____ Mule _____ Donkey _____ NEW _____ PICTURES TAKEN _____

BREED

Appaloosa	Arabian	Belgian	Donkey	Friesian	Grade	Mini Donkey	Mini Horse	Mule	Mustang
Paint	Percheron	POA	Pony	Quarter Horse	Shetland	Thoroughbred	Tenn Walker	Other	_____

Call Name _____ Mare _____ Stallion _____ Gelding _____

Brand w/location _____ DOB ____/____/____

Registered Name _____

Tattoo w/location _____

Other _____

OWNER INFORMATION	LOCATION INFORMATION
Name _____	Name _____
Address _____ _____ zip _____	Address _____ _____ zip _____
Phone (____) _____ County _____	Phone (____) _____ County _____

EQUINE DETAILS

Left Backlimb (LH)	Left Forelimb (LF)	Right Backlimb (RH)	Right Forelimb (RF)
Coronet _____	Coronet _____	Coronet _____	Coronet _____
Half Pastern _____	Half Pastern _____	Half Pastern _____	Half Pastern _____
Pastern _____	Pastern _____	Pastern _____	Pastern _____
Fetlock _____	Fetlock _____	Fetlock _____	Fetlock _____
Sock _____	Sock _____	Sock _____	Sock _____
Stocking _____	Stocking _____	Stocking _____	Stocking _____
Half Stocking _____	Half Stocking _____	Half Stocking _____	Half Stocking _____
Heel _____	Heel _____	Heel _____	Heel _____
Ermine marks _____	Ermine marks _____	Ermine marks _____	Ermine marks _____
None _____	None _____	None _____	None _____

COLOR

Chestnut	Bay	Bay Roan	Black	Blue Roan	Brown	Buckskin	Dark Bay	Dun
Flea Bitten Grey	Grey	Grulla	Liver Chestnut	Palomino	Red Roan	Sorrel	Other _____	Other _____

Whorl (pick 2) Large Medium Small Jaw Crest of Neck Forehead

Head Star Strip Snip Blaze Bald Medicine Hat Few White Hairs None

Other markings/narrative descriptive:

PICK UP <input type="checkbox"/>	MAIL <input type="checkbox"/>	EMAIL <input type="checkbox"/> to:
Final draft checked by:		RUSH? Yes <input type="checkbox"/> No <input type="checkbox"/>

Owner Signature of Approval - _____

