

**PLEASE WRITE CLEARLY
- COGGINS INFORMATION SHEET -
MUST BE FILLED OUT COMPLETELY - redraw of coggins necessary to correct,
at owners expense \$30 Fee.**

Dr. _____

Date _____

COUNTY _____

Owner _____

Name of Farm(owners name _____)

Owner's address _____

Stable address _____

Owner's town/st/zip _____

Stable town/st/zip _____

Owner's phone _____

Stable phone _____

E-MAIL ADDRESS _____

PLEASE CHECK IF HORSE HAS A COGGINS FROM KERN ROAD VET CLINIC PREVIOUSLY

Horse's Registered Name/Lot Number _____ Nickname _____

Breed QH TB Arab ½Arab Paint Pinto Warmblood Miniature Grade Donkey POA
Tenn Walker Morgan Shetland Welsh Appaloosa Belgian Other _____

Sex Mare Gelding Stallion

Color Chestnut Sorrel Bay Dk. Bay Brown Black Palomino Buckskin Dun
Grey Grulla FBGrey White Blue Roan Red Roan Other _____

Date of Birth/Age _____

Markings

Whorls: Median Whorl @ Eye Level Median Whorl Above Eye Level Median Whorl Below Eye Level)

Brand location: _____ **Description** _____

No other markings

Star Strip Snip Blaze Bald Medicine Hat Upper Lip Lower Lip

Lip Tattoo/Microchip Number _____

Scar _____

<u>LF</u>	<u>RF</u>	<u>LH</u>	<u>RH</u>
<input type="checkbox"/> no markings	<input type="checkbox"/> no markings	<input type="checkbox"/> no markings	<input type="checkbox"/> no markings
<input type="checkbox"/> Heel	<input type="checkbox"/> Heel	<input type="checkbox"/> Heel	<input type="checkbox"/> Heel
<input type="checkbox"/> Coronet	<input type="checkbox"/> Coronet	<input type="checkbox"/> Coronet	<input type="checkbox"/> Coronet
<input type="checkbox"/> Pastern	<input type="checkbox"/> Pastern	<input type="checkbox"/> Pastern	<input type="checkbox"/> Pastern
<input type="checkbox"/> Fetlock	<input type="checkbox"/> Fetlock	<input type="checkbox"/> Fetlock	<input type="checkbox"/> Fetlock
<input type="checkbox"/> Sock	<input type="checkbox"/> Sock	<input type="checkbox"/> Sock	<input type="checkbox"/> Sock
<input type="checkbox"/> Stocking	<input type="checkbox"/> Stocking	<input type="checkbox"/> Stocking	<input type="checkbox"/> Stocking
<input type="checkbox"/> Partial	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial

Other markings _____