

VACCINATION/COGGINS/DENTAL CLINIC

FORM

Owner Name: _____

Owner Address: _____

Owner Phone #: (_____) _____

Owner Email Address: _____

Horse Name: _____ Age: _____

Horse Breed & Color: _____

Please list any previous history or health concerns: _____

Check all that apply:

_____ I want my horse vaccinated REQUIRED- \$131.23

_____ I want a coggins test done If traveling, showing, or competing - \$25.00

_____ I want my horses teeth checked and dental work done if necessary
RECCOMENDED- \$80-\$160

_____ I want a health certificate if traveling (\$7.50):

_____ I will pay with my debit/credit card

Card Number _____ Expiration Date: _____

Security Code _____ (On the back of the card)

Please leave payment, with this form, in the board drop box.

All forms must be submitted **no later than May 1, 2019**. Even if you plan to attend the clinic and pay that day, **we still need the form dropped off prior to May 1.**

ONE FORM PER HORSE. Thank you!