

VACCINATION/COGGINS/DENTAL CLINIC FORM

Owner Name:

Owner Address:

Owner Phone Number:

Owner Email Address:

Horse Name:

Horse Age:

Horse Breed and Color:

Any previous history or health concerns:

I want my horse vaccinated REQUIRED (\$131.23):

I want a coggins test done IF TRAVELING/SHOWING/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 the info is:

**PLEASE LEAVE PAYMENT IN THE BOARD DROP BOX WITH THIS FORM OR WRITE
CC/DEBIT INFO ON THE ABOVE LINE. ALL FORMS AND PAYMENT MUST BE SUBMITTED
MY MAY 1ST. EVEN IF YOU PLAN ON ATTENDING THE CLINICS WE STILL NEED A FORM
FILLED OUT AND YOU CAN PAY THE VET THAT DAY. WE NEED A FORM FOR EACH
HORSE!**