



Coggins Field Form

Doctor: _____ Date: _____

To be filled out by horse owner

Owner's name _____ Stable/Origin _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

County _____ County _____

Phone # _____ Phone # _____

****E--MAIL ADDRESS** _____ **Results:** Retrieve @ www.Myvetlink.com **or** Mail

Horse's Reg. Name: _____ Horse's Barn Name: _____

Breed: _____ Sex: Mare Gelding Stallion

DOB/AGE: _____ Registration Number _____

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

The above information is correct to my knowledge.

Owners Signature Date

-----TO BE COMPLETED BY THE DOCTOR-----

****Animal has photos on file:** Yes _____ / **New Pictures: E-mailed or Camera** _____
AGID _____ OR ELISA _____

Brand: Description/Drawing _____ **Location:** _____

Face Markings: No Facial Markings _____

Whorls: Median Whorl @ Eye Level Median Whorl Above Eye Level Median Whorl Below Eye Level
Star Strip Snip Blaze Bald Medicine Hat Upper Lip Lower Lip

Lip Tattoo _____ **Scars-Locations** _____

Leg Markings No Leg Markings: _____

	Heel	Coronet	Pastern	Fetlock	Sock	Stocking	Partial
LF							
RF							
LH							
RH							

Other Markings: _____