



Horse Health Record



(This completed form is Required to unload your horse at the NWMI Fair)

Youth Information:			
4Her Name:		County Registered:	
Home Address:			
Phone #:		4H Club:	
Adult Contact Information:			
Club Leader:		Phone #:	
Parent:		Phone #:	
Animal Information:			
Horse's Name:			
Horse's Breed:		Horse's Age:	

Date of Most Recent Coggins:
Proof of Coggins Must be Attached to this form

Vaccinations Received:	
Name of Vaccine:	Date Given:

Supplements:			
Name of Supplement:	Frequency:	Name of Supplement:	Frequency:

Prescription Medications:		
Prescription:	Reason:	Frequency:

Veterinarian Information:	
Name:	Phone: