



KETTLE MORAINE EQUINE HOSPITAL
&
REGIONAL EQUINE DENTAL CENTER
JON M. GIECHE, D.V.M., FAVD EQ,
Diplomate AVDC EQ

Coggins/information form **Please print legibly** APPOINTMENT DATE: _____

Owner _____ STABLE/FARM _____

4-H Child _____
 (if applicable)

E-MAIL _____ E-MAIL _____
 (parent/owner) (stable)

Address _____ Stable address _____

Town/State/Zip _____ Town/State/Zip _____

Phone _____ Phone _____

Horses Reg. Name _____ Barn Name _____

Age or DOB _____ Registration #(optional) _____

PLEASE CIRCLE OR COMPLETE ALL THAT APPLY BELOW

Breed: APPALOOSA ARABIAN BELGIAN DONKEY GRADE MINIATURE MULE MUSTANG
 PAINT PINTO POA QH SHETLAND TB TEN WALKER WARBLOOD WELSH
 OTHER _____

Sex: Mare Gelding Stallion **Color:** _____

Markings:

Brand/Tattoo (location and description) _____

White markings (circle all that apply): **IF NO WHITE MARKINGS PLEASE CHECK BOX**

Head/Face: Star Strip Snip Blaze Bald Medicine Hat Upper Lip Lower Lip

Legs: *(Please remember Left front and rear (LF&LR) and Right front and rear (RF&RR) are as if you are riding your horse)*
 (Circle "Partial" and the corresponding area if the area is not completely white, ex- back of fetlock is white & front is not)

<u>LF:</u>	Heel	Coronet	Pastern	Fetlock	Sock	Stocking	Partial
<u>RF:</u>	Heel	Coronet	Pastern	Fetlock	Sock	Stocking	Partial
<u>LR:</u>	Heel	Coronet	Pastern	Fetlock	Sock	Stocking	Partial
<u>RR:</u>	Heel	Coronet	Pastern	Fetlock	Sock	Stocking	Partial