



### 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:** \_\_\_\_\_