Equine Record

Horse ID# _____ Shelter: _____ ***Take and save photo of horse with ID number***

Entry – Intake Circumstances

Drop Off ☐ Rescue ☐ Seizure ☐ DOA ☐ Intake Date: _____
Location of Found/Rescued/Seized Horse:
Comments:

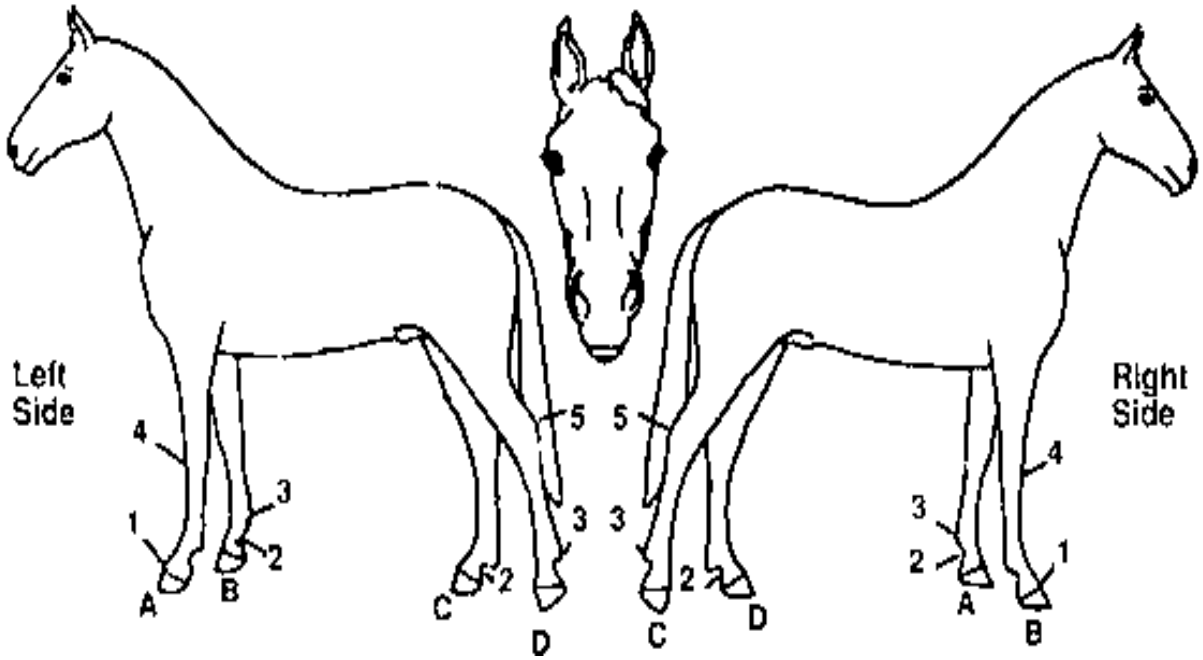
Exit – Disposition of Animal at Departure

Reclaimed ☐ Placed ☐ to _____ Exit Date: _____
Euthanized ☐ Date: _____ Reason:
Comments:

Animal Description

Breed:	Color:	Distinctive Markings: (See picture below)
Horse Name:	Tag or Microchip#:	Health or Behavior Issues:
Birth Date: Actual ☐ Est ☐	Weight: Actual ☐ Est ☐	Sex: Gelding ☐ Stallion ☐ Mare ☐
Coggins Tested ☐ Date Tested:		
Current Immunizations: ☐ Tetanus ☐ Rabies ☐ EEE/WEE ☐ West Nile ☐ Influenza ☐ Rhinopneumonitis Other: ☐ _____ Date: _____ ☐ _____ Date: _____ ☐ _____ Date: _____		

Distinctive Markings



Normal Daily Diet:
Amount of hay? How frequently? _____
Amount of grain? Type and frequency? _____
Supplements? _____
Owner brought food ☐ Quantity _____ Type _____

Owner/Agent Information

Name of Horse Owner/Agent:	
Street Address:	
City, State, Zip:	
Phone:	Work Phone:
Other contact info:	Type of ID and #:
Alternate Contact:	Phone:

Comments

Special care instructions, questions, or concerns:

Horse ID# _____ Shelter: _____

Date	Time	Name	Treatment and Progress

Horse ID# _____ Shelter: _____

Date	Time	Name	Treatment and Progress

Horse ID# _____ Shelter: _____

Date	Time	Name	Treatment and Progress

Horse ID# _____ Shelter: _____

Date	Time	Name	Treatment and Progress