**(your logo here)**

**Equine Identification Form**

**SCRIBE:**

**DATE: \_\_\_/ \_\_\_ /\_\_\_**

**EVENT:**

**APPROVED FOR GELDING?**

* **YES**
* **NO**

**IF NO, please describe why on back of this form**

**APPROXIMATE AGE:** \_\_\_\_\_\_\_\_ years

NECK  **\_\_\_/9**

SHOULDER  **\_\_\_/9**

RIBS  **\_\_\_/9**

WITHERS **\_\_\_/9**

LOIN  **\_\_\_/9**

TAILHEAD  **\_\_\_/9**

TOTAL: **\_\_\_\_ Divide total by six to determine BCS**

**BODY CONDITION SCORE: \_\_\_/9**

**FRONT RIGHT**

Sock Stocking

Pastern Coronet

**TUBE/SAMPLE #:**

**HOOF CONDITION /LAMENESS:**

* Acceptable

FR \_\_ FL \_\_\_ HR \_\_\_ HL\_\_\_\_

* Slightly Long

FR \_\_ FL \_\_\_ HR \_\_\_ HL\_\_\_\_

* Extremely Long

FR \_\_ FL \_\_\_ HR \_\_\_ HL\_\_\_\_

* Cracks

FR \_\_ FL \_\_\_ HR \_\_\_ HL\_\_\_\_

* Founder
* FR \_\_ FL \_\_\_ HR \_\_\_ HL\_\_\_\_

**FACE MARKINGS**

(Check all that apply)

* Whorl
* Star
* Blaze
* Bald
* Strip
* Snip
* White Muzzle
* Lip Mark

**BODY COLOR:**

**HIND RIGHT**

Sock Stocking

Pastern Coronet

**HIND LEFT**

Sock Stocking

Pastern Coronet

**FRONT LEFT**

Sock Stocking

Pastern Coronet

**LEG MARKINGS:** Only note relevant WHITE markings on horse

* Chestnut/Sorrel
* Bay
* Black
* Brown
* Grey
* Palomino
* Blue Roan
* Red Roan
* Buckskin
* Flea Bitten
* Paint
* Dun

**COAT CONDITION:**

* Bright/Shiny
* Dull/Shedding
* Rain Rot
* Lice
* Bites
* Wounds

Location/Severity of Wound \_\_\_\_\_\_\_\_\_\_\_\_\_

**TESTS TO LAB:**

* EIA - Coggins
* CBC -Complete Blood Count
* BCP – Blood Chemistry Profile
* STREPP EQUI – Strangles
* FECAL
* SKIN SCRAPING

**BLOOD DRAWN:** YES \_\_\_ NO \_\_\_\_

**APPROXIMATE HEIGHT:** \_\_.\_­­­\_ hands

**ATTENDING VETERINARIAN:**

**TYPE OF EQUINE**

* Horse
* Pony
* Mule
* Donkey
* Hinny
* Miniature

**GENDER:**

* Stallion (in-tact male)
* Gelding (neutered male)
* Colt (male < 4 years old)
* Crypt orchid (horse or colt with one or more undescended testicles)

**HORSE ID:**

**BREED:**