



Veterinary Follow-Up Form

Section 1 – to be completed by ADOPTIVE OWNER

Horse's original name
when adopted from SFHR: _____ Horse's current name: _____

Name of Adoptive Owner: _____

Telephone Number of Adoptive Owner: _____

Address where stabled: _____

Section 2 – to be completed by a VETERINARIAN ONLY

Name of Veterinarian: _____

State: _____ License No.: _____

Telephone Number of Adoptive Owner: _____

Business Address: _____

Veterinarian's signature: _____

Section 3 – to be completed by a VETERINARIAN ONLY

Date of exam: _____

Color and markings of examined horse: _____

Approx. height: _____ Approx. Weight: _____

Please circle:

1. Y N Has named horse had all required vaccinations during the last year?
2. Y N Is horse on a regular de-worming program?
3. Y N Is horse adequately sheltered/stabled?
4. Y N Is the horse on a regular dental schedule?

Please rate the condition of the horse according to the Henneke Body Condition Scoring System:
_____ (score).

Comments: _____