

Coggins Form Information:

Thank you for allowing us to handle your Coggins test this year. Not only has the state continued to mandate this test for any horse traveling within Michigan, but they have also become more stringent about having accurate and specific information on the paperwork

To ensure the accuracy of you paperwork, please print the attached page off your browser, fill it out and have it ready for the veterinarian at the time of your appointment. It is important that all areas be filled out completely. Once the blood has been submitted to the state, there will be an additional fee to make changes to the Form.

- Doctor Name: - Doctor coming out for appointment (if known/confirm at appt).
- Date: - Date of appointment
- Exposure No. - To be filled out by office.
- Owner's Address: - Complete mailing address of owner.
- Stable Name: - Include name and address of where the horse is currently stabled.

- Horse Name/Lot Number: - Registered name and registration number.
- Barn Name: - Barn name
- Breed: - Circle Registered Breed or select "Other" and write in breed name.
- Sex: - Circle one
- Color: - Circle correct color or select "Other" and write color in. Paint owners please indicate Tobiano or Overo.
- DOB/Age: - Age or date of birth - If age is written in years, the horses birth date will default to January 1, of the year they were born.
- Markings: - Please indicate any white markings.

PLEASE PRINT OF THIS FOR AND COMPLETE FOR THE APPOINTMENT... COGGINS FORM

*****See ATTACHMENT (page down)

Coggins "Field Form"

Dr. _____
use) _____
Date _____
Owner _____

Exposure No.(office

Owner's
address _____
--

Owner's phone _____
E-MAIL ADDRESS:

Stable/Address

Stable/Origin phone _____

Horse Name/Lot
Number(Registration) _____
Nickname _____

Breed QH TB Arab . Arab Paint Pinto Warmblood Miniature Grade Donkey
POA Tenn Walker Morgan Shetland Welsh Appaloosa Belgian
Other _____

Sex Mare Gelding Stallion Filly Colt

Color Chestnut Sorrel Bay Dk. Bay Brown Black Palomino Buckskin
Dun Grey Grulla FBGrey White Blue Roan Red Roan Other _____

DOB/Age _____

Markings
Brand Description &
Location _____

Star Strip Snip Blaze Bald Medicine Hat Upper Lip Lower Lip

Lip Tattoo _____
Scar _____

LF	RF	LH	RH
Coronet	Coronet	Coronet	Coronet
Pastern	Pastern	Pastern	Pastern
Fetlock	Fetlock	Fetlock	Fetlock
Sock	Sock	Sock	Sock
Stocking	Stocking	Stocking	Stocking
Partial	Partial	Partial	Partial

Other Markings/Scars: _____