

Lee Veterinary Clinic

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Digital Coggins Form

Date _____

*****To Be Completed BY Horse Owner*****

Owner's Name _____ Location of Horse _____
Address _____ Address _____
City/State/Zip _____ City/State/Zip _____
County _____ County _____
Phone # _____ Phone # _____
E-Mail: _____

Horse's Call Name: _____
Horse's Registered Name: _____
Breed: _____ Sex: Mare Gelding Stallion
DOB/AGE: _____ Registration Number: _____
Color: _____
Brand Description: _____ Brand Location: _____
Lip Tattoo: _____ Scars-Location: _____
Other Marks: _____

*****TO BE COMPLETED BY THE DOCTOR*****

LF Leg: Coronet Pastern Sock Stocking
RF Leg: Coronet Pastern Sock Stocking
LH Leg: Coronet Pastern Sock Stocking
RH Leg: Coronet Pastern Sock Stocking
Face Markings: Star Stripe Snip Bald Medicine Hat Upper Lip Lower Lip

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