

Thoroughbred Retirement Foundation Veterinary Follow-Up Form

Section A to be filled out by ADOPTIVE OWNER (Please Print):

Section A:

Horse's **Jockey Club** Name: _____ Tattoo#: _____

Name of Adoptive Owner: _____

Telephone Number (home): _____ **Email Address:** _____

Home Address: _____

Address of Stabling Site (if different): _____

Sections B and C to be filled out by a VETERINARIAN ONLY:

Section B:

Name of Veterinarian: _____

State: _____ License Number: _____

Telephone Number: _____

Business Address: _____

Veterinarian's Signature: _____

Section C:

Date of Exam: _____

Color and Markings of Examined Horse: _____

Approximate Height: _____ Approximate Weight: _____

1. Has named horse had all required vaccinations in the last year? Yes No

2. Is horse on a regular de-worming program? Yes No

3. Is shelter/stable adequate? Yes No

4. Teeth: recently floated adequate need attention

5. Hooves: recently trimmed adequate need attention

6. Please Rate the condition of this horse according to the Henneke Scale (1-9): _____

Your comments are appreciated:

RETURN TO: Thoroughbred Retirement Foundation

ATTN: Sara Davenport

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