



Annual Vet Check Form

TO BE FILLED OUT BY ADOPTER:

Adopter Name: _____

Equine Name: _____ Year: _____

TO BE FILLED OUT BY VETERINARIAN ONLY:

Since the above equine is the property of Last Chance Ranch Animal Rescue we require information about the above named equine on annual basis or upon request pertaining to its condition and well being. This will ensure continuation of our placement program.

1. Has named equine had necessary semi-annual vaccinations? _____
2. Is the equine on an adequate de-worming program? _____
3. Is the shelter or stabling adequate? _____
4. Teeth floating (date and by whom): _____
5. Hoof condition: _____
6. Please describe the overall condition of this equine: _____

Date of this exam: _____

Veterinarian's Name: _____

Address: _____

Telephone: _____

State and License #: _____

Signature: _____ **Date:** _____

TO BE FILLED OUT IF SELF-ADMINISTERING VACCINATIONS:

1. Provider, type, and lot# of vaccinations given: _____

Fill out the following if done by someone other than your veterinarian.

2. Teeth floating (date and by whom): _____
3. Farrier exam (date and by whom): _____
4. De-worming (dates, type) _____

If there are any concerns or questions for the welfare of this equine, please contact us in confidence at 215-538-2510.

Your comments are appreciated:

Thank you for helping us care,
Last Chance Ranch Animal Rescue

Adopter- Please note any changes to address, phone number, email or equine care providers:

Please Make Copies for Multiple Equines