



# Annual Vet Check Form

## TO BE FILLED OUT BY ADOPTER:

Adopter Name: \_\_\_\_\_

Equine Name: \_\_\_\_\_ Calendar 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.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please Return Form to:

By Email to Jackie@lastchanceranch.org

By Mail to 10 Beck Road. Quakertown, PA 18951

**Please Make Copies for Multiple Equines**