



Personal Ponies

u p d a t e d J a n 2 0 1 6

Personal Ponies Yearly HEALTH CARE FORM

Please return this form, completed & signed by your vet, a copy of the current coggins certificate & close up photos from each side to your Regional or State Director by **June 1 of each year.** Failure to comply may result in removal of this pony.

Caregiver/Lessee Name: _____

Address: _____ City _____

State _____ Zip _____

Note: if location of ponies is different from Caretaker address, also give pony location address.

Email _____ Phone Cell: () _____

Home() _____

Work () _____

Pony TSR Registered Name: _____ TSR# _____

Nickname (if any): _____

Breeding Stock: Stallion _____ Broodmare _____ Colt _____ Filly _____

Placement/Program Pony: Gelding _____ Mare _____ Colt _____ Filly _____

Date of Birth _____ Color _____ Height in inches _____

Microchip#: _____ (PPL Requirement)

{Please scan to verify correct number}

HEALTH EXAM - To be completed & signed by your vet. Please check one

QUALITY OF CARE: Good _____ Fair _____ Poor _____

WEIGHT: Good _____ Fair _____ Poor _____

HOOF CARE: Good _____ Fair _____ Poor _____

COAT/GENERAL CONDITION: Good: _____ Fair: _____ Poor: _____

FACILITIES:

GENERAL COMMENTS/RECOMMENDATIONS _____

STALLION/GELDING SHEATH CLEANING: Yes _____ No _____

Comments _____

ILLNESS: Yes _____ No _____ If yes please explain _____

INJURY: Yes _____ No _____ If yes, please explain : _____

LAMENESS: Yes _____ No _____ If yes, please explain: _____

DENTAL CARE: Yes _____ No _____ If yes, please describe _____

ANNUAL VACCINATIONS [To be kept current per your area vet recommendation]

Type _____ Date Given _____

Type _____ Date Given _____

Type _____ Date Given _____

COGGINS CERTIFICATE [To be kept current]

Date Tested: _____ Results: _____ Attach copy

VET SIGNATURE: _____ Date: _____

NAME OF PRACTICE/CLINIC: _____

Address: _____

City _____ State _____ Zip _____

Phone#: (____) _____ Fax(____) _____ Email _____

Note: This form shall serve to establish Personal Ponies Ltd. as legal owner of this pony, as well as a medical release form granting permission for this vet, and/or a member of his/her staff, to provide medical information regarding this pony to Personal Ponies Ltd. or a representative thereof, upon verbal or written request.

Caregiver's Agreement Signature _____ Date _____

{This portion to be completed by caregiver} [Mo/Day/Yr] -DO NOT USE QUEST

Date Deworming or fecal study Product Used Results/comments

Farrier Dates

Work done

Comments