**Coggins “Field Form”**

**Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stable/Origin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner’s address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stable/Origin address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner’s town/ST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stable/Origin town/ST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner’s phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stable/Origin phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner’s Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stable/Origin Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Horse’s Barn Name (Call name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registered Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for testing** Annual Change of Ownership Export First Test Market Retest Show

**Breed**



**Sex** Mare Gelding Stallion Spayed Mare

**Color**



**DOB/Age\_\_\_\_\_\_\_\_** Lip Tattoo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scar (with location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Whorl ( pick 2)** Large Medium Small Jaw Crest of neck Forehead

**Brand** Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Head** Star Strip Snip Blaze Bald Medicine Hat Few White Hairs None

|  |  |  |  |
| --- | --- | --- | --- |
| **LF** | **RF** | **LH** | **RH** |
| □Heel | □Heel | □Heel | □Heel |
| □Coronet | □Coronet | □Coronet | □Coronet |
| □Pastern | □Pastern | □Pastern | □Pastern |
| □Fetlock | □Fetlock | □Fetlock | □Fetlock |
| □Sock | □Sock | □Sock | □Sock |
| □Stocking | □Stocking  | □ Stocking | □ Stocking |
| □Partial  | □Partial | □Partial | □Partial |
| □Ermine marks | □Ermine marks | □Ermine marks | □Ermine marks |
| □ NONE | □NONE | □NONE | □NONE |

**Other markings/narrative description \_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print copy for owner** Yes, please print it \_\_\_\_\_\_\_\_\_\_\_\_ No, email to owner for them to print \_\_\_\_\_\_\_\_\_\_\_

**Final Draft Checked By Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**