

Intake Number _____

Deployment _____

Location _____

EQUINE FIELD INTAKE

IN-FIELD EXAM DATE: _____ TIME: _____ CLINICIAN(S): _____ INITIALS.: _____

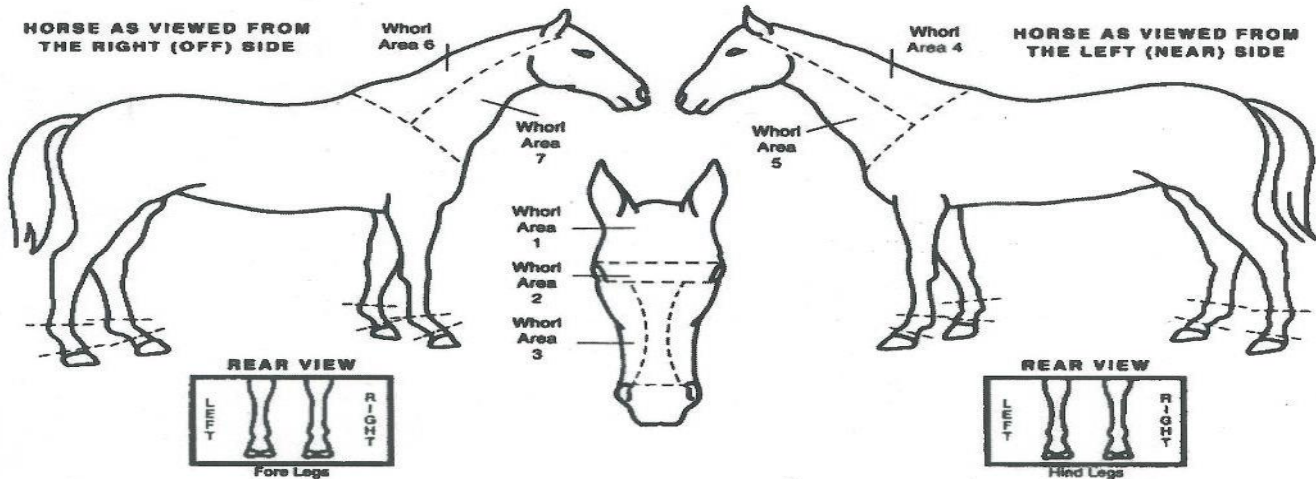
TYPE: Horse Pony Donkey Mule BREED: _____

AGE: _____ SEX: Gelding Mare Filly Colt Stallion

COLOR: _____ BRANDS/TATTOOS/SCARS: _____

MARKINGS: FACE Star Strip Snip Blaze Bald

LEGS: _____ RT Front _____ RT Hind _____ LFT Front _____ LFT Hind



Please draw all markings, brands, scars, and wounds on the diagrams after a visual inspection.

VITALS: TEMP: _____ RESP: _____ BCS: _____ ESTIMATED WEIGHT: _____

Other Indicators	A	B	C	D
Wounds	None	Scrapes	Skin wounds	Deep wounds
Coat Condition	Shiny	Dull/shedding	Rain Rot	Lice
Lameness	Sound	Slightly lame	Lame at walk	Lame standing
Hoof Condition	Normal	Slightly long	Excessively long	Abscess/other issues

COGGINS: Yes No Date Pulled : _____ Notes: _____

OTHER NOTES: _____

Intake Number _____

Deployment _____

Location _____

EQUINE VETERINARY INTAKE

INITIAL EXAM RECHECK: 30 Day 60 Day 90 Day

VET EXAM DATE: _____ TIME: _____ CLINICIAN(S): _____ INITIALS: _____

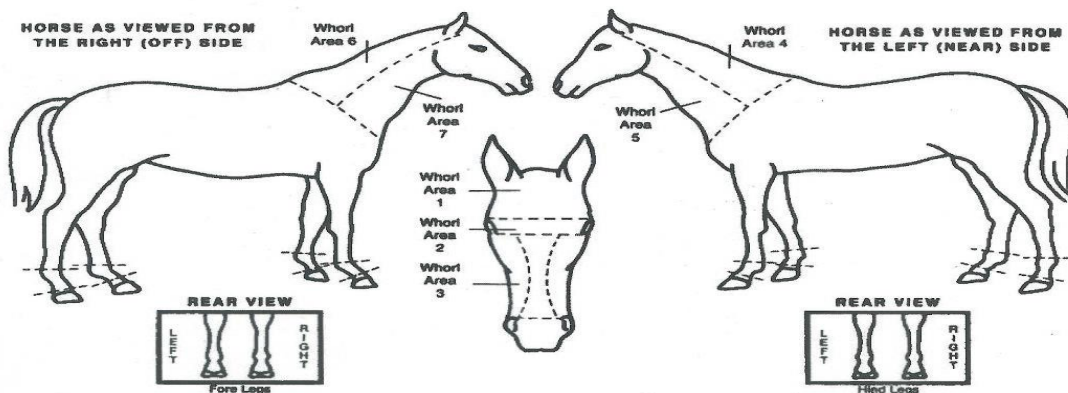
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OTHER NOTES: _____

VACCINATIONS:

<input type="checkbox"/> RABIES: DATE: _____ DUE: _____	<input type="checkbox"/> EEE/WEE: DATE: _____ DUE: _____
<input type="checkbox"/> FLU: DATE: _____ DUE: _____	<input type="checkbox"/> TETANUS: DATE: _____ DUE: _____
<input type="checkbox"/> RHINO: DATE: _____ DUE: _____	<input type="checkbox"/> FECAL: DATE: _____ DUE: _____
<input type="checkbox"/> STRANGLES: DATE: _____ DUE: _____	COGGINS ID#: _____ DUE: _____