

Last Name: _____

Number of Horses for Coggins Test: _____

	Name of Horse	Color	Breed	Breed Reg # (optional)	Date of Birth mm/dd/yyyy	Sex	Did this horse have Electronic Coggins done by Dr. Mattson? Yes/No
						M - Stallion G - Gelding F - Female	
1							please circle one
	Head	LH	LF	RH	RF	Other	Yes
							No
2							please circle one
	Head	LH	LF	RH	RF	Other	Yes
							No
3							please circle one
	Head	LH	LF	RH	RF	Other	Yes
							No
4							please circle one
	Head	LH	LF	RH	RF	Other	Yes
							No
5							please circle one
	Head	LH	LF	RH	RF	Other	Yes
							No
6							please circle one
	Head	LH	LF	RH	RF	Other	Yes
							No