

National Polo Center Horse Health Document

Horses Name: _____

Nickname (If applicable): _____

Owner: _____

Player: _____

Team: _____

Gender (Circle One): **Mare** **Gelding** **Stallion**

Color: _____

Age: _____

Equine Infectious Anemia Lab Test (Coggins)

Accession Number: _____

Date Blood Drawn: _____

Laboratory: _____

Rhinopneumonitis Vaccination Date (Required): _____

Equine Influenza Vaccination Date (Required): _____

Streptococcus Equi (Strangles) Vaccination Date (Recommended): _____

Federally Accredited Veterinarian Signature:

Printed Name

Date: _____

NPC Representative Check In: _____

Printed Name: _____

Date: _____