



WMERR Health Report
PO Box 1168
Corvallis, MT 59828

This form MUST be filled out and signed by a licensed vet and received in our office no later than June 15th. Failure to do so is grounds for removal of your adopted horse. Please return this form along with a current photo of your adopted horse to the address above.

A current photo of the horse and a vet's signature and phone number are mandatory with this form.

Date: _____ Name of adopted horse (horses name at the time of adoption) _____

Adopter's Name: _____ Phone number _____

Adopter's Address: _____

Veterinarian Name: _____ Phone number _____

Veterinarian Address: _____

Physical condition of horse _____

Weight of horse: Overweight _____ Normal Weight _____ Slightly thin _____ Very Thin _____

What vaccinations were given and when (4-way and West Nile are mandatory): _____

Did you administer vaccinations or did you give them? _____

Wormers administered throughout the year (every 6 to 8 weeks): Dates: _____

If you do not follow the worming program above, you MUST send proof of fecal egg counts.

Date teeth were checked? _____ Did they need floating? _____

Date teeth were floated: _____

Hoof condition, regular trimmings: Trim dates: _____

Do you trim your adopted horse's hooves or does your farrier do it? _____

Additional comments by adopter regarding horse's health: _____

Signature of Adopter: _____ Date: _____

Signature of Veterinarian: _____ Date: _____

Thank you!