2017 FAHA CROOKED CREEK HEALTH FAIR

SPONSORED BY COUNTRYSIDE ANIMAL HEALTH



VETERINARIAN: DR. JOSH WINSLOW

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OWNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE OR CELL NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS(REQUIRED FOR GLOBAL VET LINK USE):\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HORSES NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BREED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COLOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER: PLEASE CIRCLE ONE: MARE GELDING STALLION\_\_\_\_\_\_\_\_\_\_\_

AGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH (IF YOU HAVE IT):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TATTOO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BRAND:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YOUR HORSE IS STABLED SOMEWHERE OTHER THAN YOUR HOME, PLEASE LIST BELOW:

STABLE NAME AND ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YOU WOULD LIKE THE DR. TO CHECK YOUR HORSES TEETH TO SEE IF A DENTAL FLOAT IS NEEDED, CIRCLE BELOW

CHECK TEETH YES NO\_\_\_\_ \_\_\_\_\_\_\_\_

WE CAN SCHEDULE AN APPOINTMENT FOR A DENTAL FLOAT TODAY, PLEASE LET US KNOW YOUR AVAILABLE TIMES

\*PLACE A CHECK MARK BESIDE THE VACCINATIONS YOU WANT AND/OR COGGINS\*

\_\_\_\_\_Combo PKG (Best Deal): (6 Way + Rabies+ COGGINS) SAVINGS OF $8.00 $\_79\_\_\_

\_\_\_\_\_ 6 WAY (FLU/RHINO, E&W ENCEPH, TETANUS, WEST NILE) $\_49\_\_\_

\_\_\_\_\_\_5 WAY (DOES NOT INCLUDE WEST NILE) $\_33\_\_\_

\_\_\_\_\_\_RABIES $ 14\_\_\_\_

\_\_\_\_\_\_POTOMAC +RABIES $ 29\_\_\_\_

\_\_\_\_\_\_TETANUS $\_12\_\_\_

\_\_\_\_\_\_WEST NILE $\_28\_\_\_

\_\_\_\_\_\_COGGINS $ 24\_\_\_\_

TOTAL DUE $\_\_\_\_\_\_\_

CASH PAID CHECK #\_\_\_\_\_\_\_\_\_\_ \_\_\_AMOUNT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*FOR YOUR CONVIENCE YOU CAN LOG ONTO MYVETLINK.COM AND OPEN YOUR OWN ACCOUNT AND HAVE ACCESS TO YOUR COGGINS 24-7. PLEASE GIVE US A FEW DAYS TO GET COGGINS SENT IN BEFORE YOU TRY TO ACCESS YOUR ACCOUNT. THANK YOU