

County Line Animal Hospital

Mail or Pick up

Coggins Information Form

Date: _____

Tube No.: _____

Reason for Testing: Show [] First Test [] Retest [] Annual [] Export []

Test Type: AGID [] ELISA (RUSH) []

Doctor: Bowman [] Miga [] Ramsey []

Name of Owner: _____

Phone Number: _____ Email: _____

Owner Address: _____

_____ County _____

Stable Address (NO PO BOX): _____

_____ County _____

Horse Information:

- Name: _____
- Color: _____
- Breed: _____
- DOB: _____
- Sex: STALLION GELDING MARE COLT FILLY

▪ Markings

- Head: _____
- Left Forelimb: _____
- Right Forelimb: _____
- Left Hindlimb: _____
- Right Hindlimb: _____
- Other Markings/Brands: _____
- Electronic I.D.: _____
- Tattoo/Brand: _____

Health Certificate: Y or N

Technician Initials: _____