



MV Horse Council Horse Identification Form

for the year _____

Please include two digital images of your horse (head-on and from the side) for ID purposes when submitting this form (a copy of your horse's Coggins test for example)

HORSE NAME _____

Barn Name _____

Breed _____

Color _____ Height _____

YOB _____ Sex (check one) M G S

Microchip No. _____

OWNER NAME _____

Address _____

City _____ State ____ Zip _____

Phone _____ Cell _____

Email _____

Address Where Horse is Kept _____

Town (check one) VH WT OB Edg Chil Aq Chappy

Additional Description / Remarks / Identifying Features _____

MANAGEMENT INFORMATION

Known Allergies _____

Known Health Conditions _____

Essential Medications _____

Last Negative Coggins (EIA) _____

VACCINATION HISTORY

Disease(s)	Date	Disease(s)	Date
EEE/WEE/VEE	_____	Strangles	_____
WNV	_____	Tetanus	_____
Flu/Rhino	_____	Potomac Fever	_____
Rabies	_____	Other	_____

Completed forms/photos can be emailed to MVhorses@gmail.com

or mailed to MVHC, PO Box 833, West Tisbury, MA 02575.