Veterinary Follow Up Form

Adoptahorse.org
Standardbred Retirement Foundation
42 Arneytown-Hornerstown Rd, Cream Ridge, NJ 08514
T: (609) 738-3255 | F: (609) 738-3258 | E: SRFHorsesandKids@gmail.com

Horse Info:

Horse Name_____ Age____ Freeze Brand _____Sex_____

Color & Markings _____ Use of Horse_____

Adopter Info:

Adopter Name_____ Address_____

Phone # _____ Email _____

Horse is located at: Home or Boarding Facility Name_____

LICENSED VETERINARIAN ONLY To Fill Out This Section:

1. Weight (Henneke Score 1-9) _____

   (**1 = Poor**, **4** = **Moderately Thin**, **5** = **Moderate**, **9** = **Extremely Fat**)

2. General Health (Teeth, Hooves, Deworming, etc) 1 = Poor, 5 = Excellent

   1 2 3 4 5

3. Fencing/Shelter Safe and Adequate? **Yes** **No** (Explain Below)

   _____

   _____

4. Please note any issues being addressed with the horse (health, weight, soundness, behavioral etc.)

   _____

   _____

   _____

If you have any concerns about this horse, please contact us confidentially.

LICENSED VETERINARIAN ONLY - Please Sign & Date:

_____ _____ _____

Name (Print) **Date of Exam** **Signature**

Veterinary License # _____ Licensed State _____

Clinic Name _____ Contact Phone _____

Additional Comments or Concerns - Thank You!

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