

**LongRun Thoroughbred Retirement Society
Veterinary Follow-Up Form**

Date: _____ Horse: _____

Name of Adoptive Owner: _____

Telephone: _____ E-mail: _____

TO BE FILLED OUT BY A VETERINARIAN ONLY

Name of Veterinarian: _____ Tel: _____

Date of Exam: _____ Location: _____

Business Address: _____

Veterinarian's Signature: _____

(Please Circle)

1. Y N *Is named horse in apparent good health?*
2. Y N *Has named horse had all required vaccinations?**
3. Y N *Is horse on a regular deworming program?*
4. Y N *Is stabling adequate?*
5. Y N *Do horse's teeth need attention?*
6. Y N *Do horse's hooves need attention?*

PLEASE ENCLOSE YOUR BUSINESS CARD

Additional Comments: _____

THANK YOU FOR YOUR COOPERATION

**Required vaccinations: West Nile, Rabies and Tetanus*

*LongRun Thoroughbred Retirement Society 555 Rexdale Blvd. P.O. Box 156, Rexdale, ON M9W 5L2
V.416-675-3993 ext 3440 F.416-213-2116*