



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

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|-------------------------|--|--------|--|
| Date: | | | |
| Horse: | | | |
| Name of Adoptive Owner: | | | |
| Telephone: | | Email: | |

TO BE FILLED OUT BY A VETERINARIAN ONLY

| | | | |
|--------------------------|--|-----------|--|
| Name of Veterinarian: | | | |
| Telephone Number: | | | |
| Date of Exam: | | Location: | |
| Business Address: | | | |
| Veterinarians Signature: | | | |

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 & FAX THE COMPLETED FORM TO
LONGRUN HEAD OFFICE: (416) 213-2116***

Additional Comments:

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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*