



Veterinary Health Center

MANHATTAN, KANSAS

Equine Services

Horse ID and Emergency Contacts

Horse Name: _____

Breed: _____

Sex: _____

Color: _____

Markings/Tattoos: _____

Microchip Number: _____

Insurance Company & Number: _____

Feeding Instructions: _____

Medications and Dosage Instructions: _____

Owner Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Veterinarian Name: _____

Veterinarian Number: _____

Trailing Plan: _____

Emergency Contact 1: _____

Emergency Contact 2: _____

Horse ID and Emergency Contacts

Front



Left



Right

