

# Field Form for a Coggins/EIA Certificate

Dr. \_\_\_\_\_

Exposure No. \_\_\_\_\_  
Left      Head      Right

Date \_\_\_\_\_

Owner \_\_\_\_\_

Stable/Origin \_\_\_\_\_

Owner's address \_\_\_\_\_

Stable/Origin address \_\_\_\_\_

Owner's town/st/zip \_\_\_\_\_

Stable/Origin town/st/zip \_\_\_\_\_

Owner's phone \_\_\_\_\_

Stable/Origin phone \_\_\_\_\_

Owner's Email \_\_\_\_\_

Horse Name \_\_\_\_\_

Barn Name \_\_\_\_\_

**Breed**    QH    TB    Arabian    Paint    Pinto    Warmblood    Miniature    Grade    Donkey    Mule  
                   Tenn Walker    Mustang    Shetland    Welsh    Appaloosa    POA    Belgian    Other \_\_\_\_\_

**Sex**    Mare    Gelding    Stallion    Filly    Colt

**Color**    Chestnut    Sorrel    Bay    Dk. Bay    Brown    Black    Palomino    Buckskin    Dun  
                   Grey    Grulla    FBGrey    White    Blue Roan    Red Roan    Other \_\_\_\_\_

DOB/Age \_\_\_\_\_

**Markings**

MW@EL    MWAEL    MWBEL    (Median Whorl @ Eye Level)    (Median Whorl Above Eye Level)    (Median Whorl Below Eye Level)

**Brand**    LN    RN    LS    RS    LH    RH    Description \_\_\_\_\_

No other markings

Star    Strip    Snip    Blaze    Bald    Medicine Hat    Upper Lip    Lower Lip

Lip Tattoo \_\_\_\_\_      Scar \_\_\_\_\_

<u>LF</u>	<u>RF</u>	<u>LH</u>	<u>RH</u>
<input type="checkbox"/> Heel	<input type="checkbox"/> Heel	<input type="checkbox"/> Heel	<input type="checkbox"/> Heel
<input type="checkbox"/> Coronet	<input type="checkbox"/> Coronet	<input type="checkbox"/> Coronet	<input type="checkbox"/> Coronet
<input type="checkbox"/> Pastern	<input type="checkbox"/> Pastern	<input type="checkbox"/> Pastern	<input type="checkbox"/> Pastern
<input type="checkbox"/> Fetlock	<input type="checkbox"/> Fetlock	<input type="checkbox"/> Fetlock	<input type="checkbox"/> Fetlock
<input type="checkbox"/> Sock	<input type="checkbox"/> Sock	<input type="checkbox"/> Sock	<input type="checkbox"/> Sock
<input type="checkbox"/> Stocking	<input type="checkbox"/> Stocking	<input type="checkbox"/> Stocking	<input type="checkbox"/> Stocking
<input type="checkbox"/> Partial	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial

Other markings \_\_\_\_\_

