## Northwest Equine Center Required Horse Check-In Information

Horse Inf	o:				
Name:_		Sex:	Breed: _		
Age:_	Color:			INSURED:	Yes/No
Markings: _					
	ER:				
APPROXIM	ATE VALUE:				
Based on date o	Equine influenza (30 Tetanus (6 months) Equine encephalomy Strangles (30 days) Rhinopneumonitis (3 Ehrlichia Risticii (Powest Nile Virus (3 rabies (3 months)) Coggins test must be Health Papers (10 days)	o days) yelitis (6 months) 30 days) otomac Fever) (30 days) months) e negative (less than			
	refuse to let horses u		·	ing correct & co	omplete)
Address: Phone:					

Refer any questions to Marvin Sherwood, Equine Center Coordinator (307) 754-6072 e-mail: marv.sherwood@nwc.edu