

**LAKWOOD ANIMAL CONTROL
HORSE IDENTIFICATION PROGRAM**

PERSONAL INFORMATION

Name: _____

Address: _____ Zip Code: _____

Home Phone: _____ Work Phone(s): _____

HORSE INFORMATION

Address where the horse is boarded if different from above address:

Horse's Name: _____ Breed: _____ Age: _____ Body

Color: _____ Sex: () Mare () Gelding () Stallion

Mane/Tail Color: _____ Face Markings: _____ Leg

Markings: _____ Scars,

Marks, Tattoos or Brands (please include specific description and location of each):

DRAW BRAND OR OTHER SIGNIFICANT MARKINGS

EMERGENCY CONTACT

List any person we may contact if we are unable to make contact with you.

Veterinarian/Phone Number: _____

Name: _____

Address: _____ City: _____

Home Phone: _____ Work Phone: _____

Please List Any Additional Emergency Contacts on the 3rd Page. Thank You.

PERSONAL INFORMATION

Name: _____

Address: _____ Zip Code: _____

Home Phone: _____ Work Phone(s): _____

HORSE INFORMATION

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Markings: _____ Scars,

Marks, Tattoos or Brands (please include specific description and location of each):

DRAW BRAND OR OTHER SIGNIFICANT MARKINGS

EMERGENCY CONTACT - Additional

List any person we may contact if we are unable to make contact with you.

Veterinarian/Phone Number: _____
Name: _____
Address: _____ City: _____
Home Phone: _____ Work Phone: _____

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Veterinarian/Phone Number: _____
Name: _____
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