



5623 New Milford Road, Ravenna, Ohio 44266 • (330) 296-5914

Please fill in top part of this form and send it to your vet asking him / her to send us a copy of the horse's vet records along with this form. Thank you.

Dear Doctor:

Please send all medical records to Happy Trails' Farm Animal Sanctuary for:

Name of Animal: _____

Age: _____ Breed: _____ Sex: _____

Owner's Signature: _____ Date: _____

Owner Information

Printed Name: _____

Address: _____

City/State/Zip _____

Telephone: _____

The attending veterinarians on the horse was:

Dr. _____

Animal Clinic: _____

Address: _____

City/State/Zip _____

Telephone: _____

Additional comments concerning the overall health and any health issues related to this horse:

