

Send Us Your Spring Vaccine Information!

Fax: (703) 753-0024, e-mail: haymarketvet@aol.com,
or mail to P.O. BOX 1005, Haymarket, VA 20168

This form ensures we have the correct information for you & your animals.

If you have more than 2 horses, please make multiple copies and complete information for each. Once we receive the form, the office will call you to schedule an appointment.

Owner(s) Information:

Name: _____
Street Address: _____
City, State, Zip Code: _____
Cell: _____ Work: _____ Home: _____
E-Mail: _____

Horse #1:

Barn Name: _____ Show (Registered) Name: _____
Breed: _____ Age: _____ Color: _____ Gender: _____
Barn (name and address if boarded) _____

Barn phone number: _____

Routine Work needed (please check):

EIA(Coggins) Tetanus, Eastern & Western Encephalitis, West Nile Virus
Potomac Horse Fever/Rabies Flu/Rhino Strangles Botulism Lyme
Strep Titer Fecal check Clean sheath Check Teeth & Float if indicated
Wellness exam
Baseline blood work-Chem/CBC/Fibrinogen Other _____

Horse #2:

Barn Name: _____ Show (Registered) Name: _____
Breed: _____ Age: _____ Color: _____ Gender: _____
Barn (name and address if boarded) _____

Barn phone number: _____

Routine Work needed (please check):

EIA(Coggins) Tetanus, Eastern & Western Encephalitis, West Nile Virus
Potomac Horse Fever/Rabies Flu/Rhino Strangles Botulism Lyme
Strep Titer Fecal check Clean sheath Check Teeth & Float if indicated
Wellness exam
Baseline blood work-Chem/CBC/Fibrinogen Other _____

Is there a day/dates that work best for you for appointments?

Need any medications? Please check your barn supplies and let us know if you need anything dropped off. List medications here:

Any additional information for the vet?

If you received a veterinary service agreement along with this form, please fill that out as well and either mail to HVS (e-mail, fax, or snail mail acceptable) or hand to the vet at your appointment to get spring special pricing. Thank you!