

# Midwest Horse Welfare Foundation: 2024 Health Report

Please send to:  
10990 State Hwy. 73  
Pittsville, WI 54466

This form **must** be signed by a licensed veterinarian and received in the MHWF office no later than **June 15, 2024**. Failure to do so is a breach of contract and grounds for removal of the adopted equine.

## **DO NOT MAIL THIS FORM WITHOUT HARD COPY PHOTOS AND REQUIRED SIGNATURES**

Name of adopted horse (horse's name at the time of adoption): \_\_\_\_\_

Adopter's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Adopter's full address: \_\_\_\_\_

Veterinarian's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian address: \_\_\_\_\_

Physical condition of adopted horse: \_\_\_\_\_

Weight of horse: Overweight \_\_\_\_\_ Normal \_\_\_\_\_ Slightly thin \_\_\_\_\_ Very thin \_\_\_\_\_

What vaccinations were given? (West Nile, Flu, Tetanus & Rabies are required) \_\_\_\_\_

Date vaccinations were given: \_\_\_\_\_

Vaccinations given by: Adopter \_\_\_\_\_ OR Veterinarian \_\_\_\_\_

De-wormers AND dates given over the past year (since last Health Report): \_\_\_\_\_  
\_\_\_\_\_

**If you do not follow a 6 to 8 week de-wormer program, you must include proof of fecal egg counts.**

Date teeth were checked: \_\_\_\_\_ Did they need to be floated? \_\_\_\_\_ Date of floating: \_\_\_\_\_

Hoof trimming dates over the past year (since last Health Report): \_\_\_\_\_  
\_\_\_\_\_

Name of farrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional comments (feel free to write on back of this form as well): \_\_\_\_\_  
\_\_\_\_\_

Signature of Adopter: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU!**