



PALM BEACH EQUINE CLINIC

13125 Southfields Road, Wellington, FL 33414
561-793-1599 | www.equineclinic.com

EQUINE PASSPORT

OWNER NAME

HORSE NAME

SECTION I: IDENTIFICATION DETAILS

Horse Name: _____

Date of Birth: _____

Country of Birth: _____

Sex: _____ Mare _____ Gelding _____ Stallion

BREEDING RECORDS

Sire: _____

Grandsire: _____

Granddam: _____

Dam: _____

Grandsire: _____

Granddam: _____

Breeder: _____

Registered Owner Name: _____

Registered Owner Address: _____

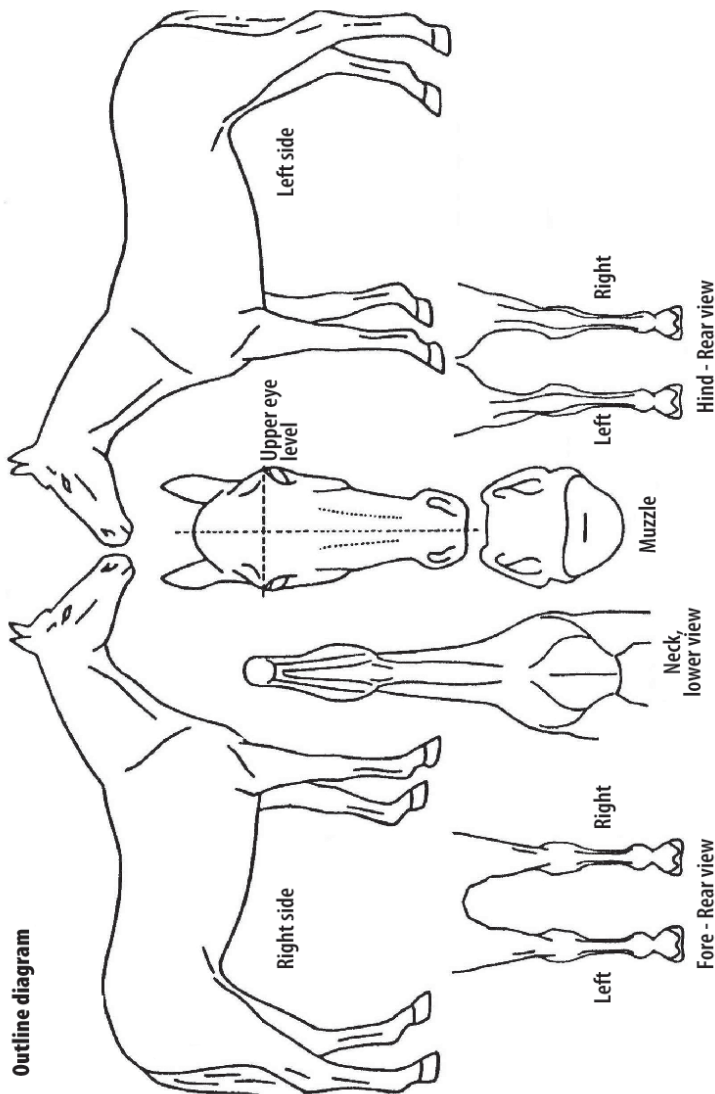
Trainer: _____

Microchip Number: _____

Palm Beach Equine Clinic Patient Number: _____

SECTION II: DESCRIPTION OF MARKINGS

Outline diagram



Description of Markings

Color: _____

Head: _____

Left Front: _____

Right Front: _____

Left Hind: _____

Right Hind: _____

Body: _____

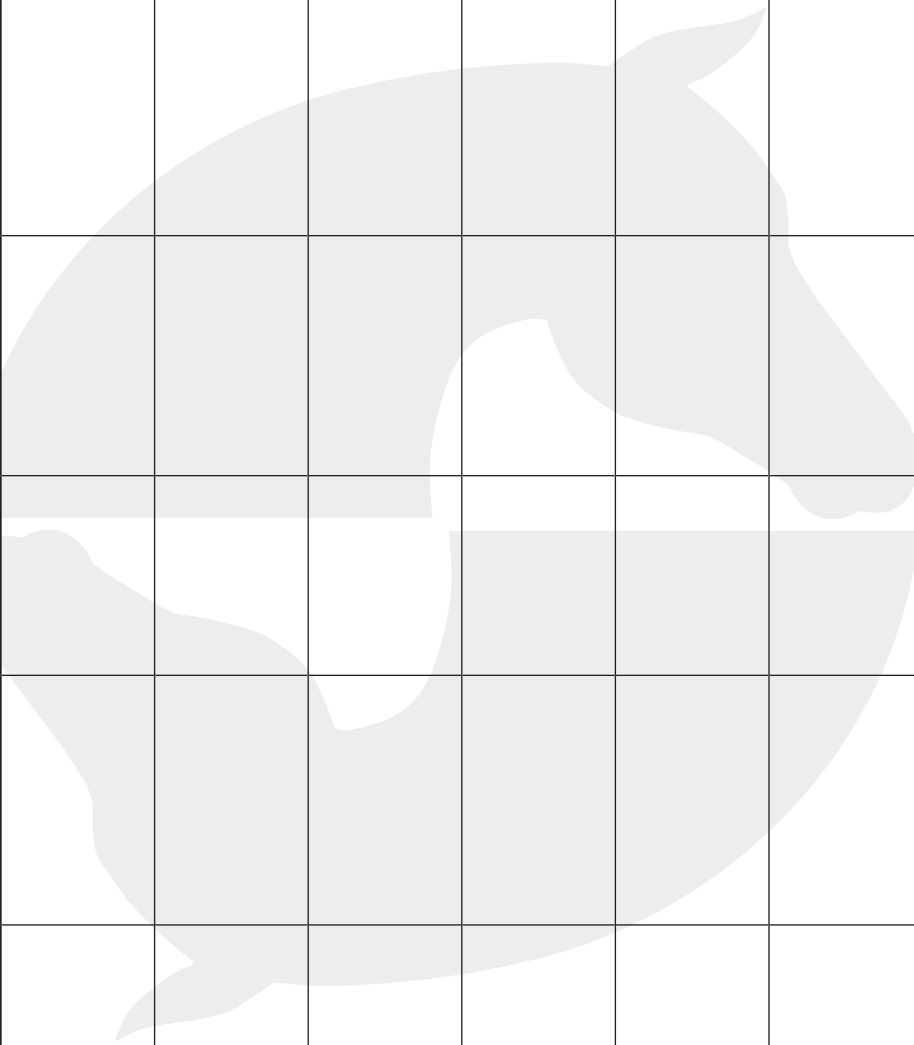
Brands: _____

Lip Tattoo: _____

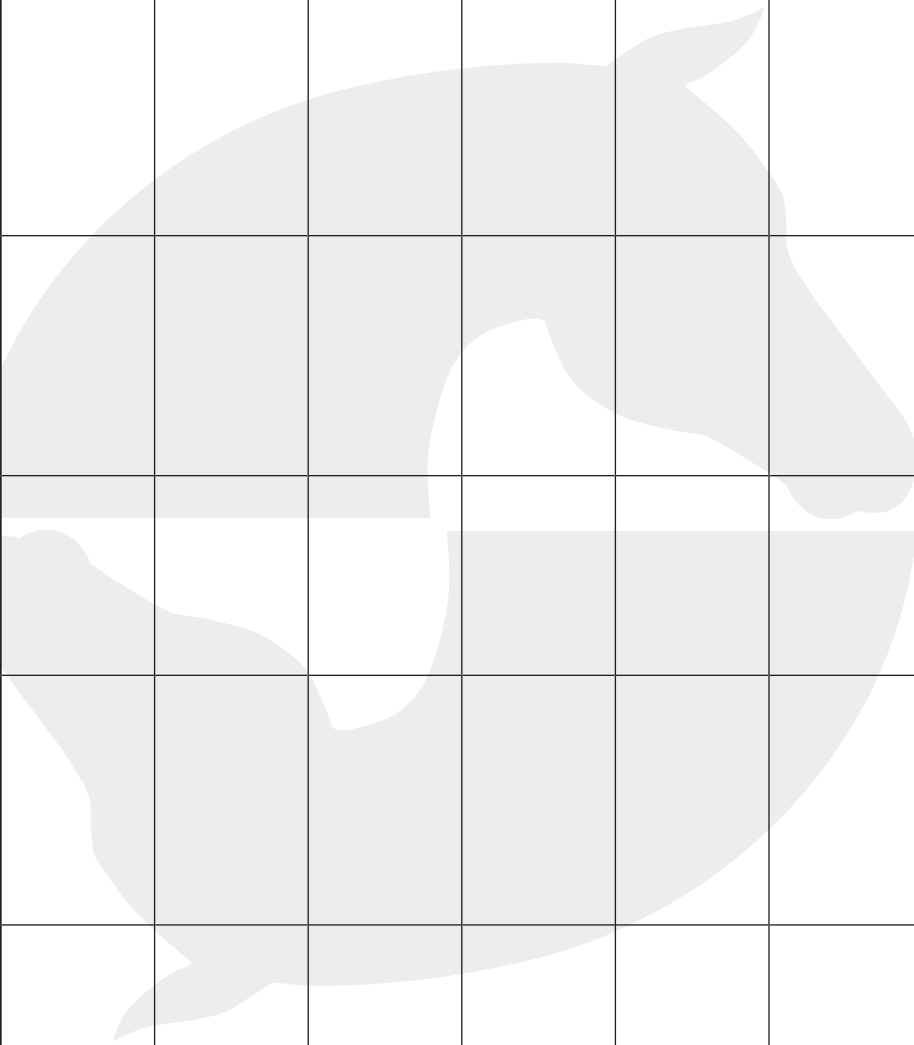
SECTION III: VACCINATION RECORDS

DATE	COUNTRY	VACCINE NAME	BATCH NUMBER	VACCINE DISEASE(S)	VETERINARIAN SIGNATURE/STAMP

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SECTION IV: EQUINE INFECTIOUS ANEMIA LABORATORY TESTING (COGGINS)

DATE BLOOD DRAWN	LABORATORY	STATE, COUNTRY	ACCESSION NUMBER	TEST RESULTS	VETERINARIAN SIGNATURE/STAMP



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