

Pegasus Clinic  
W6744 Rogersville Rd  
Fond du Lac, WI 54937  
920-960-3044  
[pegasusclinic@charter.net](mailto:pegasusclinic@charter.net)



Information for Coggins Test

**Owner's Info:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Stable Name, Address, and Phone (if different than above)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Horse info:**

Registered Name: \_\_\_\_\_

Barn Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Breed: \_\_\_\_\_

Gender: \_\_\_\_\_

DOB: \_\_\_\_\_

Color: \_\_\_\_\_

Markings: \_\_\_\_\_

Other ID (tattoo, brand, microchip, etc) \_\_\_\_\_

A copy of the horse's registration papers and/or previous year's Coggins Test, is appreciated.

**Please have this form ready for us when we arrive to draw the sample for your horse's Coggin's Test.**

**Have your horse clean, and blankets off so that we can take pictures.**