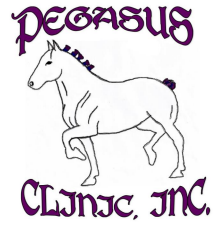


Pegasus Clinic
W6744 Rogersville Rd
Fond du Lac, WI 54937
920-960-3044
pegasusclinic@charter.net



Information for Interstate Health Papers

Date Leaving: _____

Owner's Info:

Name: _____

Address: _____

Phone: _____

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

Destination

Name of Place/Person: _____

Address: _____

Phone: _____

Horse info:

Registered Name: _____

Barn Name: _____

Color/Markings: _____

Registered Number: _____

Age/DOB: _____

Breed: _____

If a different clinic was used for the current Coggin's Test, we need a copy of the current Coggin's Test. If Pegasus Clinic performed the test, we have the information on file.

Please email this form to us at least 10 days prior to leaving