



# Vet Check Form

S 6039 Pedretti Lane  
De Soto, WI 54624  
(608) 689-2399

Dear Adopter and Veterinarian:

Please complete this form and return it to the charity office at ASAP, Inc., **no later than June 15th**. Your cooperation is deeply appreciated. Thank you!

Date: <input type="checkbox"/> Spring <input type="checkbox"/> Fall	
Horse's name:	Age:
Color:	Markings:
Immunization date:	
Immunizations administered:	
Shots administered by: <input type="checkbox"/> VETERINARIAN <input type="checkbox"/> ADOPTER	
Last deworming date:	Type of dewormer:
Teeth floated: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of last floating:
Veterinarian: Please describe the overall condition of the horse (comment on fleshiness, condition of teeth and hooves and overall soundness):	

Adopter comments:

Veterinarian address and phone number:

Is the veterinarian the adopter's regular practicing vet?       YES       NO

If not, who is the veterinarian most familiar with the above mentioned horse?

Where may he/she be reached? Please provide address and phone number:

Veterinarian signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Adopter signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE MAIL TO:**  
Susan Wellman, ASAP Director  
S 6039 Pedretti Lane  
De Soto, WI 54624  
(608) 689-2399  
<http://www.4thehorses.com>