

CGA D8 CHECK IN INTERVIEW:

Date \_\_\_\_\_ Time \_\_\_\_\_ Place MCSP \_\_\_\_\_ Name of interviewer \_\_\_\_\_

Horse's name \_\_\_\_\_

Barn name and address where horse resides \_\_\_\_\_

Owner's name \_\_\_\_\_

Owner's address and phone number \_\_\_\_\_

Hauler's name if not the owner \_\_\_\_\_

Email address where we can contact you \_\_\_\_\_

Vet name and contact information \_\_\_\_\_

Any illness within the past 2 weeks, Yes \_\_\_\_\_ No \_\_\_\_\_ if yes briefly explain

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

Normal temperature past 2 days? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes please explain

\_\_\_\_\_

Any nasal discharge past 2 days? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes please explain

\_\_\_\_\_

Any nasal discharge currently, prior to unloading from trailer? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes please explain

\_\_\_\_\_

If your horse normally runs a higher body temperature or is prone to allergies, please explain here

\_\_\_\_\_

Traveling with vet note Yes \_\_\_\_\_ No \_\_\_\_\_ if yes please briefly explain

\_\_\_\_\_

I have read or have the above explained to me and understand that this information is for the sole purpose of tracking horses in the event of an equine medical emergency

Owner/hauler \_\_\_\_\_ Date \_\_\_\_\_

Print

Owner/hauler \_\_\_\_\_ Date \_\_\_\_\_

Signature