



## **Annual Health Report Form**

*How is your adopted animal?*

We would first like to thank you for adopting from Hope in the Valley Equine Rescue & Sanctuary, Inc. Keep in mind that every adopter signs a contract that states a health update will be provided annually. Below is a form to help you with this process. Please have your veterinarian fill it out as completely as possible. Use separate forms for each animal (if you adopted more than one). If you have any questions concerning this procedure, please let us know by emailing [info@hitveras.org](mailto:info@hitveras.org) or calling 316-519-4129.

This form must be filled out and signed by a licensed veterinarian and received in our office no later than November 15<sup>th</sup> each year. Failure to do so is grounds for removal of your adopted animal. We understand that not everyone uses a veterinarian to de-worm and vaccinate their animals, please provide a copy of the vaccination and de-wormer labels if you do not use a veterinarian for these items. Please return this form to the address below. Please remember to include current pictures of your adopted animals.

Please mail this form and pictures to:

**Hope in the Valley Equine Rescue & Sanctuary, Inc.**  
**9025 N. Broadway, Valley Center, KS, 76147**  
**or by emailing [info@hitveras.org](mailto:info@hitveras.org)**

*Thank you for your cooperation!*



*Hope In The Valley  
Equine Rescue  
&  
Sanctuary, Inc.*



<b>Name of Adopted Animal</b> <i>(If you have changed the animal's name please also give us the name on the adoption contract):</i>		<b>Date:</b>
<b>Adopter's Name:</b>	<b>Phone Number:</b>	
<b>Adopter's Address:</b>	<b>City/State/Zip Code:</b>	
<b>Address on Adopted Animal</b> <i>(if different from Adopter's):</i>	<b>City/State/Zip Code:</b>	
<b>Veterinarian Name:</b>	<b>Phone Number:</b>	
<b>Physical Condition of Animal:</b>		
<b>Vaccinations Given and Date:</b>		
<b>Date of Last Deworming and Product Used:</b>		
<b>For Horses:</b>		
Were teeth checked? _____ Did they need floating? _____ Date teeth were floated _____		
Hoof/Pad/Nail Condition: <i>(circle one)</i> <b>BAD</b> <b>FAIR</b> <b>GOOD</b>		
<b>Additional comments by adopter and/or veterinarian regarding animals health:</b>		
<b>Signature of Adopter:</b>		<b>Date:</b>
<b>Signature of Veterinarian:</b>		<b>Date:</b>