

Coggins – Electronic Lab Submission Form

Dr's Name:

Submission Date:

Coggins #: **lab use**

Accession #: **lab use**

Owner

Stable

Horses Name

Barn Name

AGE/DOB

Breed

Sex

Color

Whorls

LF

Brand

RF

Head

LH

Tattoo

RH

Other Markings

LARCH HILL LABORATORY
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