

# Mardi Gras Equine Medical Evaluation



This document is to certify that the below listed horse has been evaluated and is medically cleared to participate in Mardi Gras and carry the weight of a rider for at least three (3) miles at a time. I further certify that I have physically inspected this horse at the date and time listed herein.

Owner: \_\_\_\_\_ Contact #: \_\_\_\_\_

Horse Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

Identifying Colors/ Markings: \_\_\_\_\_ Gender \_\_\_\_\_

T/P/R: \_\_\_\_\_ Henneke Scale Score: \_\_\_\_\_ Can Carry \_\_\_\_\_ lbs

## Systems Checks:

**Instructions:** Body Systems will be evaluated on Green / Yellow / Red Scale. If a system is "Green," then there is nothing medically preventing the horse from parading. If the system is "Yellow," there is a medical concern with the horse. However, it may still participate in the parade if certain precautions are taken. If a body system is "Yellow," please include details of the problem along with the precaution necessary to allow the horse into the parade. If a body system is "Red," the horse has a health problem that will prevent its participation in the parade. If the body system is "Red," please notate the problem in the notes section.

	Green	Yellow	Red	Notes
Musculoskeletal System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foot/ Hoof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Integumentary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mouth/ Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Coggins Test Results: \_\_\_\_\_ Date: \_\_\_\_\_

## Vaccinations:

Rabies: \_\_\_\_\_ Tetanus: \_\_\_\_\_ Eastern/ Western Equine Encephalitis: \_\_\_\_\_

West Nile Virus: \_\_\_\_\_ Equine Viral Rhinopneumonitis (EHV-1): \_\_\_\_\_

Equine Influenza: \_\_\_\_\_

**If vaccines were administered by the owner, please include copies of the receipts, showing the dates that the vaccines were purchased.**

**I hereby certify that I have personally evaluated the above listed horse and that the information provided is true and accurate.**

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

**This form, along with three photographs of the horse, must be submitted to Animal Services February 7<sup>th</sup>, 2025. The completed form may be emailed to [animalshelter@cityofmobile.org](mailto:animalshelter@cityofmobile.org), or mailed/ hand delivered to Animal Services at 855 Owens Street, Mobile, AL 36604.**