

Life's Little Adventures Farm, Inc.

Helping Hurting Children & Their Families!!!

HEALTH FORM for leased animals

Page 2

Hoof Care

Farrier Name: _____
Address, Phone#, Fax or Email(optional): _____

Dates farrier checked feet/trim: _____

De-Worming

Dates: __/__/20__ Wormer used: _____
____/____/20__ Wormer used: _____
____/____/20__ Wormer used: _____
____/____/20__ Wormer used: _____

Other Health related Items: _____

Please use the back of this paper to supply any further information.

Please notify LLAF if there is a problem or a concern. We want you and your family to enjoy our animal for a long time.

Signature: _____ Print: _____

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