

Local Municipality: \_\_\_\_\_

**COLORADO FEDERATION ANIMAL WELFARE AGENCIES (CFAWA)  
HORSE IDENTIFICATION PROGRAM**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone(s): \_\_\_\_\_

**HORSE INFORMATION**

Address where the horse is boarded if different from above address: \_\_\_\_\_  
\_\_\_\_\_

Horse's Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Body Color: \_\_\_\_\_  
Sex: ( ) Mare ( ) Gelding ( ) Stallion  
Mane/Tail Color: \_\_\_\_\_ Face Markings: \_\_\_\_\_

Leg Markings: \_\_\_\_\_  
\_\_\_\_\_

Scars, Marks, Tattoos or Brands (please include specific description and location of each): \_\_\_\_\_  
\_\_\_\_\_

**DRAW BRAND OR OTHER SIGNIFICANT MARKINGS**

**EMERGENCY CONTACT**

List any person we may contact if we are unable to make contact with you.

Veterinarian/Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Please List Any Additional Emergency Contacts On The Back Of This Page. Thank You.**

**Local Municipality:** \_\_\_\_\_

**COLORADO FEDERATION ANIMAL WELFARE AGENCIES (CFAWA)**  
**HORSE IDENTIFICATION PROGRAM**  
**PERSONAL INFORMATION – PAGE 2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## HORSE INFORMATION

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Age: \_\_\_\_\_ Body Color: \_\_\_\_\_

Sex: ( ) Mare ( ) Gelding ( ) Stallion

Mane/Tail Color: \_\_\_\_\_ Face Markings: \_\_\_\_\_

Leg Markings: \_\_\_\_\_

Scars, Marks, Tattoos or Brands (please include specific description and location of each):

## DRAW BRAND OR OTHER SIGNIFICANT MARKINGS

Horse's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Body Color: \_\_\_\_\_

Sex: ( ) Mare ( ) Gelding ( ) Stallion

Mane/Tail Color: \_\_\_\_\_ Face Markings: \_\_\_\_\_

Leg Markings: \_\_\_\_\_

Scars, Marks, Tattoos or Brands (please include specific description and location of each): \_\_\_\_\_

## DRAW BRAND OR OTHER SIGNIFICANT MARKINGS