



Horse License – Supplemental Form

Department of Health and Mental Hygiene

125 Worth Street, CN-66 • New York, NY 10013

OFFICE USE ONLY	
MICROCHIP NUMBER:	_____
HORSE TAG NUMBER:	_____

This license is issued to the Licensee designated hereon. It is granted under conditions of compliance with provisions of the Health Code and Regulations thereunder or any other law or regulation which the Department is required to enforce.

(The undersigned makes the following statements in accordance with provisions of Local Law No. 4 of the laws of 1982)

NAME OF OWNER (Last Name, First Name)

PLEASE CHECK ONE

RIDING HORSE CARRIAGE HORSE

HORSE STABLED AT (Name of Stable)		STABLE/CAMIS #	
STREET ADDRESS			
CITY			STATE ZIP CODE
Has this horse ever been licensed to perform work as a Carriage/Riding Horse in NYC?		If yes, Name of Previous Owner:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	
Date of Sale	Previous License Number of Horse	Previous Name of Horse	
___/___/___	_____	_____	

Description of Horse (See Reverse Side)

NAME OF HORSE		DATE OF BIRTH	AGE
_____		___/___/___	___
SEX <input type="checkbox"/> Mare <input type="checkbox"/> Gelding	COLOR(S)	BREED	
_____	_____	_____	
Give clear accurate description showing all identifying variations including patterns on head and all acquired markings (brands, scars, saddle or harness marks, etc.). <i>See Reverse side</i>			
<p>Left Side</p>		<p>Right Side</p>	
<p>A Left of near fore leg B Right or off fore leg C Right or off hind leg D Left or near hind leg</p>		<p>Face Markings</p> <p><input type="checkbox"/> Star <input type="checkbox"/> Snip <input type="checkbox"/> Stripe <input type="checkbox"/> Blaze <input type="checkbox"/> Bald <input type="checkbox"/> Whorl</p>	
<p>Leg Markings</p> <p>1 Coronet 2 Pastern 3 Sock 4 Stocking</p>		<p>_____</p> <p>_____</p> <p>_____</p>	

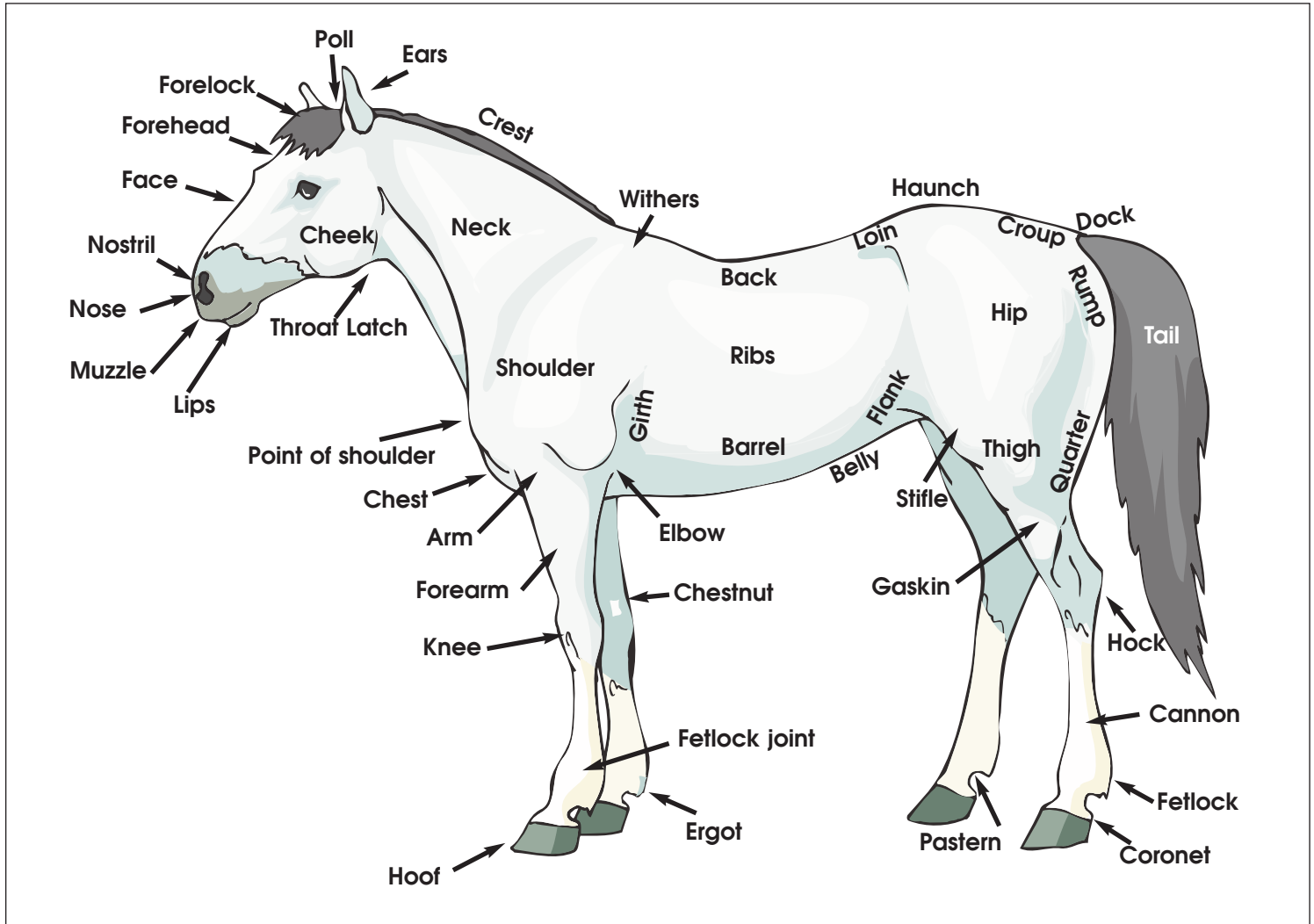
NOTE:

Horse license must remain at the stable where the horse is kept and shall be available at all times for inspection by any police officer, or agents of the Department of Health and Mental Hygiene, the ASPCA, or employees of the Department of Consumer Affairs.

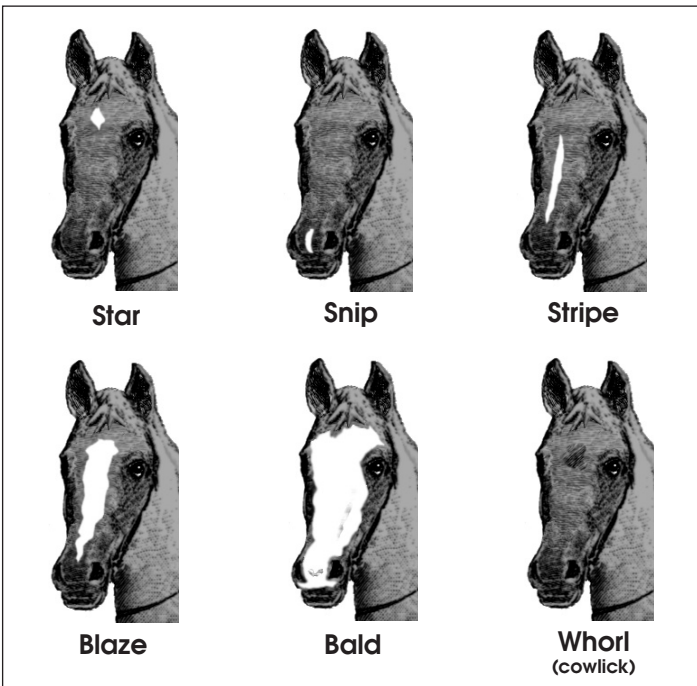
APPROVED (Director of Veterinary Public Health Services)	DATE
_____	___/___/___

Points and Nomenclature of a Horse

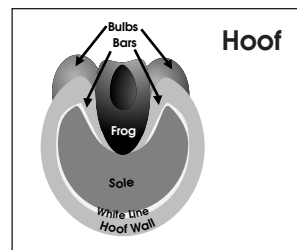
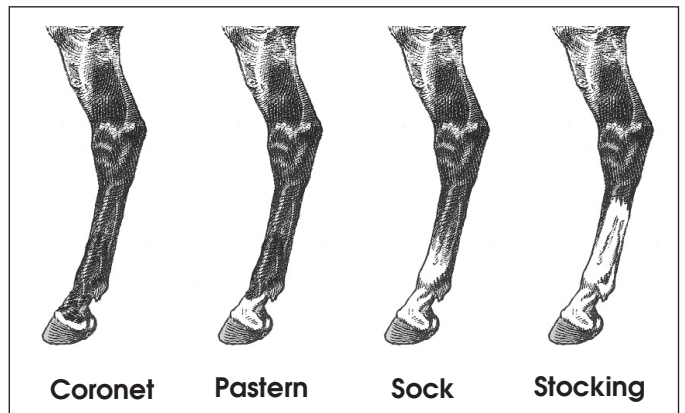
Adapted from *Horse Drawn Carriage Operator's Course Training Manual, 2003*, produced by the NYC Dept. of Health and Mental Hygiene



Face Markings



Leg Markings



NOTE:
 "If the permittee/licensee, or his employees or agents, refuse to answer questions in relation to this permit/license after being granted testimonial or use immunity, this permit/license may be revoked, or other appropriate action taken."