



**Horse License**  
**Department of Health and Mental Hygiene**

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

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.

OFFICE USE ONLY		
CAMIS Number _____	Tag Number _____	Date License Issued ___/___/___
LICENSE NUMBER  Type _____ Number _____		LICENSE EXPIRES ___/___/___

OWNER INFORMATION <i>(The undersigned makes the following statements in accordance with provisions of Local Law No. 4 of the laws of 1982)</i>			
Check One <input type="checkbox"/> CARRIAGE <input type="checkbox"/> RIDING	NAME OF OWNER (Last Name, First Name) _____		
	HOME ADDRESS _____		APT. NUMBER _____
CITY _____			STATE _____ ZIP CODE _____
SIGNATURE of Applicant or Corporate Officer ▶ _____		APPLICATION DATE ___/___/___	TELEPHONE (____) _____ - _____
HORSE STABLED AT (Name of Stable) _____			
STREET ADDRESS _____			
CITY _____			STATE _____ ZIP CODE _____
Has this horse ever been licensed to perform work as a Carriage/Riding Horse in NYC? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Name of Previous Owner: _____	
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 _____	
<p>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>			
<p><b>Left Side</b></p>		<p><b>Right Side</b></p>	
<p><b>Face Markings</b></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><b>Leg Markings</b></p> <p>1 Coronet            2 Pastern            3 Sock            4 Stocking</p>	
<p><b>A</b> Left of near fore leg  <b>B</b> Right or off fore leg  <b>C</b> Right or off hind leg  <b>D</b> Left or near hind leg</p>		<p>_____</p> <p>_____</p> <p>_____</p>	

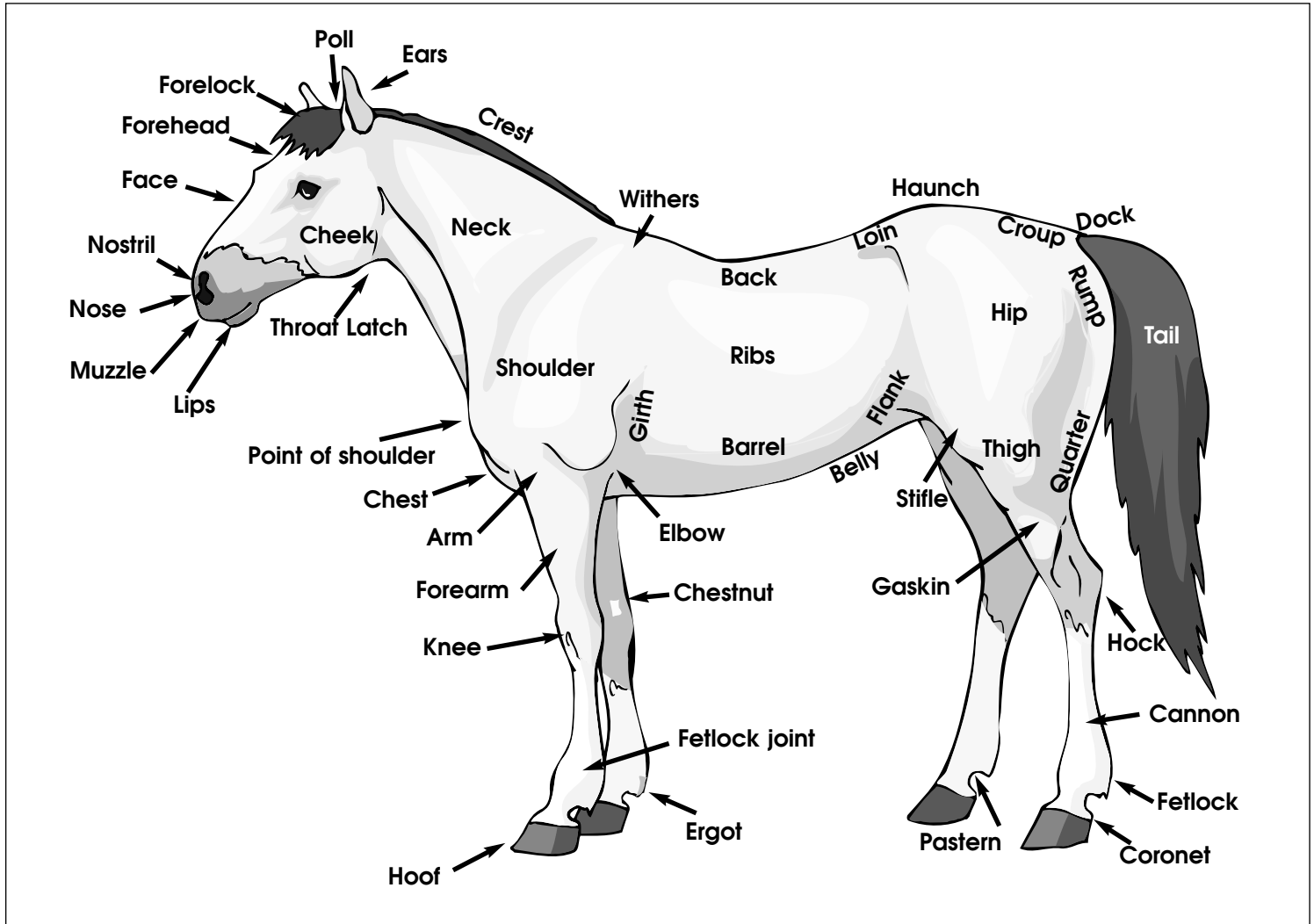
**NOTE:**

This 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.

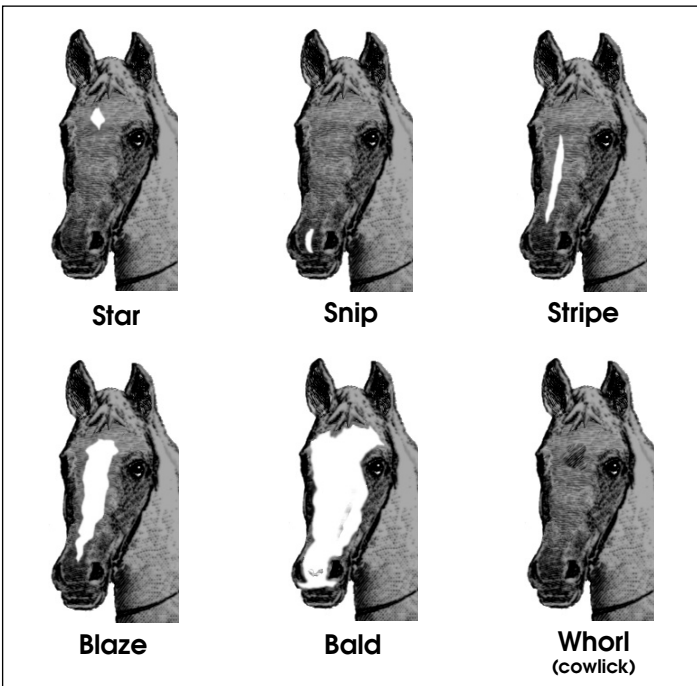
Latest Vet Exam ___/___/___	APPROVED (Director of Veterinary Public Health Services) _____	DATE ___/___/___
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# Points and Nomenclature of a Horse

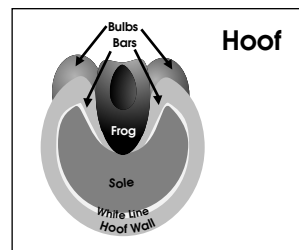
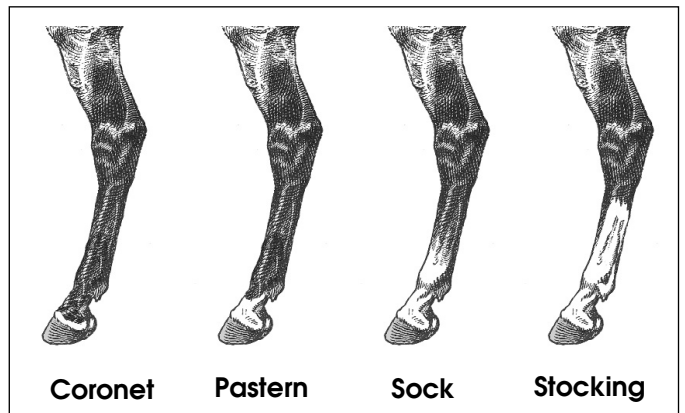
Adapted from *Horse Drawn Carriage Operator's Course Training Manual, 2003*, produced by the NYC Dept. of Health and Mental Hygiene



## 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."