

VETERINARY CERTIFICATE OF GOOD HEALTH

I, the undersigned, Dr. _____

Registered on the list of the Order of Veterinarians under the registration n° _____ ,
certify that the following equine:

Name, FEI nuber, N° sire and/or N° of transponder

has satisfied the following requirements:

- It has been examined and to this date presents no clinical sign of disease.
- It has a rectal temperature, which I myself took on the day of departure, of _____ °C.
- To the best of my knowledge, it does not come from a facility which has been subject to prohibitive measures for reasons of sanitary control and has not been in contact with equines from a facility which has been subject to a declaration of equine viral arteritis.
- To the best of my knowledge, it has not been in contact with equines affected by a contagious disease or infection during the past 28 days.
- At the moment of inspection, it was fit for the planned voyage.

Date : _____

Place : _____

Stamp and signature of veterinarian (name in capital letters and legible):

Name Athlete: _____