

KUDA RACEHORSE DECLARATION OF HEALTH

Name Of Horse:	Date:
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To your knowledge, has the horse suffered from any of the following in the last 12 months?		
Colic	Yes	No
Biliary	Yes	No
Laminitis	Yes	No
Ruptured Blood vessels or other circulatory diseases	Yes	No
Continuous lameness for longer than one week	Yes	No
Please specify:		
Other:	Yes	No
Please specify:		
If yes, has the horse fully recovered?	Yes	No
To your knowledge, has the horse ever undergone colic surgery?	Yes	No
If yes, please describe the nature and date of the colic together with the final veterinarian's prognosis.		
What vaccinations were administered during the past year and when were they administered?		
Has the horse required veterinary attention during the past 12 months, please specify?	Yes	No
If you answer "yes" to any of the above questions, please supply full details and dates :		
Is your horse currently healthy?	Yes	No
Is your horse currently sound?	Yes	No

Name of Client:	Signature:
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