

# KUDA VET CERTIFICATE – HORSES BETWEEN 24 HOURS & 45 DAYS ONLY

Careful observation should be made as to housing conditions and the presence of contagious or infectious diseases or other issues relevant to the health/wellbeing of the HORSE.

Veterinarian					
Telephone		Practice			
Owner/Insured		Farm/Yard			
Name of Horse		Discipline			
Sex		Age		Colour	
Breed		Sire		Dam	

**Instructions to Examining VETERINARY SURGEON completing this form.** Please read the following statements and declaration in Section 1 before completing Section 2. Your signature at the bottom of this page also constitutes your agreement with the declaration in Section 1.

## Section 1

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. The foal was not premature.</li> <li>2. The mare has not previously had a jaundiced foal.</li> <li>3. The mare has adequate milk.</li> <li>4. The mare allows the foal to nurse without being restrained.</li> <li>5. The foal is able to get up and down and nurse on its own.</li> <li>6. The foal has shown no sign of colic.</li> <li>7. There is no evidence of cleft palate or parrot mouth.</li> <li>8. There is no evidence of congenital cataracts or other abnormalities of the eyes.</li> <li>9. There are no flexural deformities.</li> <li>10. No ribs have been broken during parturition.</li> <li>11. The umbilicus is dry and normal.</li> </ol> | <ol style="list-style-type: none"> <li>12. The foal does not have patent urachus.</li> <li>13. There is no evidence of umbilical or inguinal hernia.</li> <li>14. There is no evidence of diarrhoea.</li> <li>15. The meconium has passed.</li> <li>16. The heart is normal on auscultation.</li> <li>17. The lungs are normal on auscultation.</li> <li>18. The gastro intestinal tract is normal on auscultation.</li> <li>19. The locomotion of the foal is normal.</li> <li>20. The temperature is normal.</li> <li>21. The pulse rate is normal.</li> <li>22. The respiratory rate is normal.</li> <li>23. There are no contagious or infectious diseases on the premises or in the neighbourhood.</li> <li>24. The stabling is adequate.</li> </ol> |
|---|---|

I declare (to the best of my professional knowledge) that the statements listed above are correct in respect of the subject foal with the exception of those listed below (please give full details):

Statement	

## Section 2

List diseases inoculated against	
What medication has the foal received post-partum?	
What was iGg reading of foal's blood?	
When was iGg levels taken?	
Has colostrum supplement been given to the foal? (when)	
Has plasma been given to the foal? (When)	
Is a nurse mare being used? (if yes, provide details)	

**PLEASE USE THE BACK OF THE PAGE IF YOU NEED TO EXPAND ON ANYTHING IN EITHER SECTION 1 OR 2 OR ANY OTHER ISSUES THAT YOU FEEL ARE RELEVANT TO THE HEALTH OR ENVIRONMENT OF THE HORSE.**

Except as noted above, I certify that to the best of my knowledge and belief this HORSE is healthy and sound and in my opinion is a suitable candidate for mortality insurance for the use stated above.

Veterinary Surgeon			
Date & Time of Examination		Signature	

