

KUDA VET CERTIFICATE – OLDER THAN 45 DAYS

The HORSE being examined should be moved outside of the stall to demonstrate soundness of limb and freedom of movement. 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"> 1. The pulse and respiration are normal. 2. The temperature is normal. 3. The eyes are clinically normal. 4. The heart was auscultated and found normal. 5. No history or evidence of being a bleeder while racing. 6. No history or evidence of nerving. 7. No history or evidence of laminitis. 8. No surgery has ever been performed. 9. No digestive disorder past or present. 10. No previous history of colic. 11. HORSE appears in good health. 12. No indication of infection or disease. 13. If male, HORSE is not believed to be cryptorchid. 14. If male, both testicles evident and palpate normally | <ol style="list-style-type: none"> 15. If female, no external symptoms detrimental to normal breeding. 16. No history or evidence of lameness. 17. No history or evidence of firing or blistering. 18. The stabling is adequate. 19. There is no contagious or infectious disease on premises or neighbourhood. 20. If foal, birth was normal with no complications. 21. HORSE has received no medication in past year other than routine. 22. No conformational abnormalities that would interfere with the HORSE'S intended use or could lead to life threatening problems. 23. No early signs or indications of ataxia. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

Statement	

Section 2

If female, is she reported in foal?				
When were the following vaccinations administered in last year (indicate by who if not by Veterinarian)				
Horse Sickness				
Equine Influenza				
Are you the usual VETERINARY SURGEON for the horse	YES		NO	

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	

