

KUDA GAME VET REPORT

Insured client:	Clients policy number:
Cell Number:	Email:
Date report was issued:	Date animals were examined:

ATTENDING VETERINARIAN DETAILS

Name:		Surname:	
Practice:		Practice Reg. No.:	
Telephone No:		SAVC reg. no.:	
Email Address:			
Applicable for:	Step On:	Step Off:	

It is hereby confirmed that the insured animal(s), as stated below are in sound health and free from any obvious illness, disease, lameness, injury or physical disability as far as can be reasonably established from a visual inspection by me.

ANIMAL DETAILS

Farm Name:		Farm Address:				
LOT NO	SPECIES	GENDER	AGE	IDENTIFICATION	BC SCORE	REMARKS

Drugs Administered	
--------------------	--

Additional Information	
------------------------	--

Clinical Observations	
-----------------------	--

This certificate is used for insurance purposes only and may not be used for other purposes.

Placement of Microchip:	
-------------------------	--

Was DNA taken for sample (please tick): Please note: We need a tail hair sample and not blood samples for DNA purposes	Yes		No	
---	-----	--	----	--

Signature of attending Veterinarian:		Date:	
--------------------------------------	--	-------	--

