

VETERINARY SALES CERTIFICATE:

1/2

	ied out prior to the sale. The purpose of this certificate is to assess the clinical any risk factors for the intended use. In no way does this certificate constitute a new of the horse.
•	By Docteur:
Horse name :	
This horse is up to date with its v	accinations: YES No
	I.IDENTIFICATION OF THE HORSE
DATE OF BIRTH:	MARKING TO BE COMPLETED: For Foals only
DATE OF BIRTH :	
SIRE:	
DAM:	LEFT SIDE (COTTÉ GAUCHE) RIGHT SIDE (COTTÉ OPOIT)
BREED:	RIGHT (CAUCHE)
SEX:	Mary Jag Ag / / Ag / V
COLOR:	RIGHT LEFT (SAUCHE)
MICROCHIP N:	(GAUCHE) (GAUCHE) (GAUCHE) (GAUCHE) (GAUCHE) (GAUCHE) (GAUCHE)
N° SIRE :	HEAD AND NECK UNDERSIDE (TETE ET ENCOLURE VUE VENTRALE) MUZZLE (NEZ) MUZZLE (NEZ) FORE REAR VIEW (ANTERIEURS VUE POSTERIEURS VUE POSTERIEURE) FOSTERIEURE) FOSTERIEURE)
	II.CLINICAL EXAMINATION STEPS:
	n, free from signs of disease, in particular contagious diseases, and free
from injury: YES NO	
[a !i .i .i .i .i	General Examination
Cardiac auscultation at rest :	Nbr of Pulses / mn :
	em and examination of the oral cavity:
Ophtalmic Examination:	Respiratory Auscultation:
Examination of the jugular veins:	Skin Examination :
At the time of the clinical examin significant anomaly: YES	ation, the steps of which are indicated above, the horse is free of any
Comments :	
Suspicion of stable vices (Weaver,	Wind sucker, Box Walker) : Yes No.
If male: are the testicles descend	ed and of normal size and consistency? Yes No



III. LOCOMOTIVE EXAM (Yearlings and Horses in training)

Static Examination

Conformation :			
Hoofs:			
Symmetry of foreli	mbs :		
Symmetry of hind I	imbs :		
Back and muscular	ity:		
During the static e or defects in its leg Comments :	gs : yes no	cated above, does the horse show any visi	
On palpation of the	e limbs, does the horse show signs of jo	oint distension or tendonitis yes	no 🗌
_	imbs, does the horse show any sensitivi	ity, intolerance or pain: yes no	
	Examination or	ı exercise	
When examining the	exercise in the above steps, does the ho	orse show any irregularity or Lameness: ye	es 📗 no 🕻
Dynamic Flexion To	est (horse in training): AG:	AD:	
	PG:	PD:	
Does the horse ha	ve abnormal breathing sounds, suspect	ed horniness yes no	
IV. G	SENITAL APPARATUS EXAMINATION (fi	llies out of training and broodmares)	
If a filly/mare: does the	ne examination of her external genitalia	conform to the use as a broodmare: Oui	☐ no ☐
I confirm that the I	proodmare is in foal on transrectal palp	ation: yes no	
If yes, last service	date :		
	V. CONCLU	SION	
		t low moderate risk element	to the use
Veterinary Surgeo	າ name	Veterinary Clinic	
Date	Signature :	Buffer :	