

DECLARATION OF HEALTH

Mare's Name: _____

Stable Name: _____

Owner: _____

Address of
Stables/Premises: _____

Postcode: _____

Duration at these
Premises: _____

This is to confirm that to the best of my knowledge there has been no outbreak of infectious disease (strangles, EVA, EHV, equine influenza, etc) at the premises of origin of the above mare in the past twelve months.

Vet's Signature: _____ Date: _____

Name: _____ MRCVS/FRCVS

Practice: _____

Address: _____

Postcode: _____

Telephone: _____

Mobile: _____

Email: _____