

GESTATION CERTIFICATE –FETUS COVER

DOCUMENT TO BE FILLED IN AND SENT BACK TO YOUR BROKER

INFORMATIE REGARDING THE HORSE OWNER

Name:

Adres:

Phone number:

e-mail:

INFORMATIONS REGARDING THE HORSE

Name of the Mare:

Chip number:

Date of Birth:

Is this the first gestation of the mare ? Yes No

Has the pregnant mare ever had a premature foal? Yes No

Has the pregnant mare already had an abortion? Yes No

Does the mare carry twins? Yes No

Has the mare ever presented, during gestation or after the birth of the foal, pathologies such as, prolapses of the uterus or laminitis ? Yes No

Are you the owner of the mares? Yes No, please mention the owner's contact details?

How many pregnant mares do you own ?.....

Location of the pregnant mare (stable address) ?.....

INFORMATIONS REGARDING THE GESTATION

Date of the Jump:

Presumed date of birth:

Evolution:

Doctor in veterinary medicine, attests with this having examined the above mentioned gravid mare, and having performed an echography of the fetus (image to be attached to the certificate) and confirms the gestation and the good evolution of the future foal.

REMARK:

Stamp of the veterinarian:

Date:..... Signature: