

HEALTH DECLARATION FOR PURPOSES
OF EQUINE INFECTIOUS ANAEMIA

Horse's name:

Microchip number (where present):

Trainer's name:

Premises of origin of horse:

Race date(s):

SECTION A: Trainer's Declaration

I confirm that the above-named horse has not been on a premises that is subject to movement restrictions to control the spread of Equine Infectious Anaemia within 90 days preceding the above race(s).

I undertake to inform Weatherbys immediately if movement restrictions are placed on my premises in relation to Equine Infectious Anaemia.

Signed by

Trainer/Person In Charge

Date

SECTION B: Veterinary Declaration

This is to state that I have examined the above-named horse on this date and find no signs of contagious or infectious disease and I know of no evidence of such disease in this horse in the 28 days preceding the latest race date above.

I confirm that a Coggins Test in respect of the above-named horse has been carried out, no more than 14 days prior to the latest race date above, and is negative.

Signed by

Veterinary Surgeon

Name in print

Date

Practice Stamp

Section B to be completed only after Section A has been completed and signed by the trainer/person in charge.