

QUAINTON STUD

DECLARATION OF MARE HEALTH

This form MUST be completed by your vet and posted or faxed to Quinton Stud prior to arrival of your mare at Stud

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:

Email:

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