

# HEALTH CERFICIATE

To be completed by the horses regular veterinarian no earlier than 30 days before the date the horse will be attending Keystone Farms.

Horse Name: \_\_\_\_\_ ( mare and foal name if applicable)

Owner Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Date Attending Keystone Farms: \_\_\_\_\_

I \_\_\_\_\_ am the above noted horse(s) regular attending vet, and as such can confirm that the horse is not stabled at a property which has had any suspected EHV or Strangles cases in the last 60 days. I can also confirm that the above noted horse has not had any vaccinations or illnesses to the best of my knowledge in the last 14 days.

\_\_\_\_\_

Vet Name (printed)

\_\_\_\_\_

Date

\_\_\_\_\_

Vet Signature