

APPENDIX 4: Protocol – Health Certificate

Document 1: Health certificate for the foals

CERTIFICATE OF EXAMINATION FOR FOAL

Sire: **MAGIC PARK**
Sire of Dam: **QUITE EAST**
Coat color: **CHESTNUT**
Date of birth: **APRIL 17**

Dam: **TEQUILA**
Sex: **FILLY**
Micro chip N°:
Localisation of the foal: **MALMÖ, SWEDEN**

- General state of the foal: **OK**
- Cardiovascular examination: **OK**
- Vision tests and eyes examination: **OK**
- Respiratory examination: **OK**
- Possible limbs default: **NO**
- Potential abnormality in the musculoskeletal system (in particular the presence of joint distension): **NO**
- Abdominal hernia detected: YES ☒ NO
- For colts, the testicles are palpable: YES / NO
- Signs of infectious disease detected: YES ☒ NO

If weaned foal, date of last worming:

If weaned foal, date of last vaccination:

I, the undersigned, Dr. **Martina Campo**, certify having examined the foal above and am the usual veterinarian of this breeder.

In **DÖRBYSSÖ**, the **15/08/22**.

Stamp and signature:

Dr. Martina Campo
MEDICO VETERINARIO