

APPENDIX 4: Protocol – Health Certificate

Document 1: Health certificate for the foals

CERTIFICATE OF EXAMINATION FOR FOAL

Sire: *Toubelle du Seigneur SR*
Sire of Dam: *Chaco Blue*
Coat color: *Brown*
Date of birth: *22-5-2024*

Dam: *Maigy di Alexandra (recipient mare)*
Sex: *Colt*
Micro chip N°: *—*

- General state of the foal:
Normal - good
- Cardiovascular examination: *✓*
- Vision tests and eyes examination: *✓*
- Respiratory examination: *normal resp. sounds
no coughing*
- Possible limbs default: *✓*
- Potential abnormality in the musculoskeletal system (in particular the presence of joint distension): *✓*
- Abdominal hernia detected: YES ☒ NO
- For colts, the testicles are palpable: YES ☒ NO
most likely yes
- 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. *F. Siebenheller*, certify having examined the foal above and am the usual veterinarian of this breeder.

In *De Rips*, the *27/5/2024*

Stamp and signature:

[Signature]
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