

APPENDIX 4: Protocol - Health Certificate

Document 1: Health certificate for foal and yearling

CERTIFICATE OF EXAMINATION FOR FOAL and YEARLING

Name of horse TOUCH OF CLASS Coat Color CHESNUT
Sire UNTOUCHABLE Sex: _____
Dam AYOLIE DELL'A Microchip N° 380271004092997
Sire of Dam _____ Passport N° (if existing) _____
Date of birth 01/04/2024 Studbook _____
Location of the horse _____

- General state of the foal: GOOD SHAPE
- Cardiovascular examination OK
- Vision tests and eyes examination: OK
- Respiratory examination: OK
- Possible limbs default: NO, REGULAR GAITS
- 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. FRANCESCO, certify having examined the foal above and am the sole
veterinarian of this breeder.

In PROZUMHOT (TV) the 19 LUG, 2024

Stamp and signature:

LUCA FRANCESCO
MEDICO VETERINARIO
Via S. Agnese, 3 - 31100 TREVISO
Tel. 348 7038815 - 0422 23671
N° ALBO TV 229

