

APPENDIX 4: Protocol – Health Certificate

Document 1: Health certificate for the foals

CERTIFICATE OF EXAMINATION FOR FOAL

Sire: *CHACCO BLU*

Sire of Dam:

Coat color: *BAY*

Date of birth: *10/05/25*

Dam: *CLARIQUADA T*

Sex: *F*

Micro chip N°:

Localisation of the foal: *MORNAGO (VA) - IT*

- General state of the foal: *GOOD CONDITION*
- Cardiovascular examination: *NORMAL*
- Vision tests and eyes examination: *NORMAL*
- Respiratory examination: *NORMAL*
- Possible limbs default: *NONE*
- Potential abnormality in the musculoskeletal system (in particular the presence of joint distension): *NONE*
- 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:

N/A

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

In *MORNAGO*, the *21/05/25*.

Stamp and signature:

Andrea Maserati
Dr. ANDREA MASERATI
Via della Villa, 12
21029 VERGIATE (VA)
N. Iscr. ordine VA 394 - ASL VARESE