

ASEA Inc

Certificate of Soundness

This Certificate is to be completed by a Veterinarian

I _____ do hereby certify, that on
(date) _____ I have examined the horse named below.

HORSE DETAILS

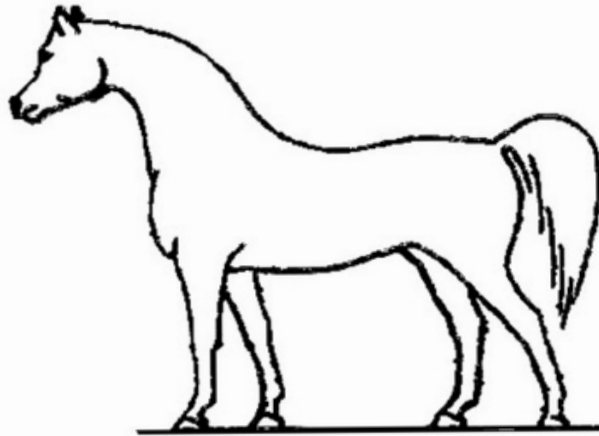
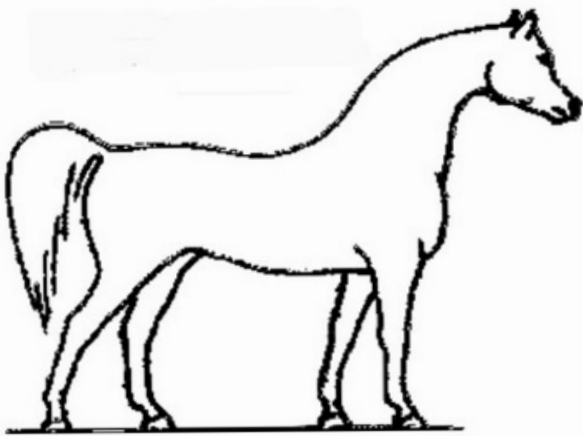
Name of Horse: _____

Rego No: _____ Height: _____ Date of Birth: _____ Colour: _____

Microchip No/Brand: _____ NS: _____ OS: _____

Owned By: _____ ASEA Inc No: _____

Markings:



Insert Brands and Markings exactly as they appear on horse

Right (Off Side)

Left (Near Side)

Head Front

Overshot Jaw

Dwarfism

Congenital Cataract

Locked Stifle

Parrot Mouth

Malformation of Genitals

Other Congenial Leg Abnormalities

Other Determinable Genetic Faults : _____

And on this particular day it has been found that this horse has no visible signs of defects at the time of examination (if the horse is unsound or possess any faults as listed , please circle & comment accordingly).

Signature: _____

Qualifications: _____

Contact Details: _____

Send this Form to: *See Website for Details