

Horse

Name:	J. H. 2		Date of birth:	20.04.2014	
Colour:	dark brown		Sex:	mare	
Breed:	KWPN		Microchip No./Branding	S28 210004151855	
Identity number:	Q800320408794		<input checked="" type="checkbox"/> FEI- /		
Features:	<input type="checkbox"/> accordingly FEI- /Equine Passport		<input type="checkbox"/> Equine Passport is present		
Duration of ownership:	2 years				
Previous diseases/surgeries:					
Were any treatments/medications given in the last six weeks (if so what)?					
Last worming:	December '21		Last shoeing:	4 weeks ago	
This horse is, in the equine passport; <input type="checkbox"/> declared for human consumption. <input type="checkbox"/> declared not for human consumption. <input type="checkbox"/> This horse has no declaration for human consumption .					
Stereotypes:					
Discipline /level of education:	<input type="checkbox"/> Dressage		<input type="checkbox"/> Eventing		
	<input checked="" type="checkbox"/> Show Jumping		<input type="checkbox"/> Leisure <input type="checkbox"/>		
Current purpose	<input type="checkbox"/> Breeding	<input type="checkbox"/> Box rest	<input type="checkbox"/> Pasture	<input checked="" type="checkbox"/> Training	<input checked="" type="checkbox"/> Competition
Keeping	<input checked="" type="checkbox"/> Box and Pasture	<input type="checkbox"/> Box	<input type="checkbox"/> Loose Barn	<input type="checkbox"/> Pasture	<input type="checkbox"/>
Feeding	<input checked="" type="checkbox"/> Hay	<input type="checkbox"/> dry	<input type="checkbox"/> wet	<input type="checkbox"/> Silage	<input type="checkbox"/> Pellets
	<input checked="" type="checkbox"/> Oats				
Litter	<input type="checkbox"/> Straw	<input checked="" type="checkbox"/> Shavings	<input type="checkbox"/> Turf	<input type="checkbox"/>	
Vaccinations	<input type="checkbox"/> Tetanus	<input checked="" type="checkbox"/> Influenza	<input type="checkbox"/> Herpes	<input type="checkbox"/>	

I give the previous information to the best of knowledge. I specifically give my consent to all interventions in context with the sales examination. This applies explicitly for sampling for laboratory drug detection, if necessary sedation, endoscopy of the airways and removal of the shoes, as well as giving drugs for pupil dilation.

During the examination I, the contracting body, can't be present. _____ from _____ is empowered to give the signature on my behalf.

Warendorf, 26.06.2022 _____ (Signature)