



CONTAGIOUS EQUINE METRITIS AND OTHER EQUINE BACTERIAL VENEREAL DISEASES

2017 SEASON

MARE CERTIFICATE

This certificate must be completed by the mare owner/manager and be lodged with the prospective stallion owner/manager before the mare's arrival.

Name of mare _____

Passport number (where available) _____

Name and address of owner _____

Address of premises where mare currently resides _____

In 2014 the above mare boarded* at _____ stud
whilst visiting _____ (stallion) result _____

In 2015 the above mare boarded* at _____ stud
whilst visiting _____ (stallion) result _____

In 2016 the above mare boarded* at _____ stud
whilst visiting _____ (stallion) result _____

Additional information including the results of positive bacteriological examinations for the CEMO, *Klebsiella pneumoniae* and *Pseudomonas aeruginosa* at any time:

Name (please print) _____

Signature _____ Date _____

*If no boarding stud was used, provide the name and address of the premises where the mare resided.