

# CANTERBURY EQUINE CLINIC LTD

## EQUINE REFERRAL CENTRE

499 Springs Road, Prebbleton. Telephone (03) 3494 791. Fax (03) 3492 137.

**Bill Bishop**

BVSc (Dist), MACVS.

Dip Vet Med.

Reg. Specialist in equine surgery

**Richard Turner**

BVSc

**Helen Bishop**

BVSc

**Hamish Ranken**

BA BVSc (Hons) MACVS

**Kirsten Harman**

BVSc

**Amira Mikhail**

BSc, DVM

**Merieke Van Den Enden**

BVSc

**Emma Reedy**

BVSc

### OWNER'S OR OWNER'S AGENT'S STATEMENT

Owner's Name .....

Address .....

Phone .....

Horse's Name ..... Age .....

Sire ..... Colour .....

Dam ..... Sex .....

Breed .....

Agent's Name ..... Phone .....

Address .....

How long have you been acquainted with this horse? .....

How long have you had this horse under your personal care? .....

Do you have knowledge of any?

1. Past or present disease? ..... Has the horse ever bled from the nostrils? Yes/No

2. Lameness? ..... Has the horse ever had signs of colic? Yes/No

3. Accidents? .....

4. Vices (stable or being ridden)? .....

5. Abnormalities? .....

6. Surgery? .....

7. Medications (particularly recent)? .....

8. Is the horse a headshaker? .....

9. Has the horse ever suffered from Ryegrass staggers? .....

Has this horse been recently examined by another veterinarian? .....

If so, for what purpose? .....

Use to which you understand the horse will be put? .....

Do you have any knowledge of past performance of this horse for the proposed use?

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Is the horse in training/spelling? .....

How long has the horse been in training/spelling? .....

Who is the horse's usual veterinary attendant? .....

Signature of Owner or Owner's Agent ..... Date: .....

**Certificate No.**