



State of New Jersey

DEPARTMENT OF AGRICULTURE
HEALTH / AGRICULTURE BUILDING
PO BOX 330
TRENTON NJ 08625-0330

CHRIS CHRISTIE
Governor
KIM GUADAGNO
Lt. Governor

DOUGLAS H. FISHER
Secretary

Standardbred Sire Stakes Certification of Good Health

Name of Stallion: _____ Tattoo#: _____

Standing At: _____

Address of Farm: _____

Owner's Name: _____

Address: _____

THE COGGINS MUST BE DRAWN WHEN THE HORSE IS EXAMINED. EXAMINATION MUST BE DONE BETWEEN JANUARY 1 AND JANUARY 21 OF THE YEAR THE STALLION IS REGISTERED AND STANDING.

This is to certify that I have, on this day, examined the above named standardbred stallion and find that it is apparently free from any infections, contagious or communicable disease. In addition, the physical examination shows no discernible abnormalities in the external genitalia, except as follows:

Signature of Accredited Veterinarian

Date Examined

Please Print Name of Veterinarian

Witness

The above named standardbred horse was negative to Equine Infectious Anemia Agar Gel Immunodiffusion

(EIA-AGID) test on _____ by the _____, _____ which is USDA approved.
(date) (laboratory) (city) (state)

THIS FORM MUST BE SENT TO THE STANDARDBRED BREEDERS & OWNERS ASSOCIATION OF NEW JERSEY, ALONG WITH A COPY OF THE TEST CHART, NO LATER THAN FEBRUARY 15TH OF THE REGISTERED YEAR. FAILURE TO FILE THE CERTIFICATION OF GOOD HEALTH COULD RESULT IN LOSS OF REGISTRATION OF THE STALLION AND/OR THE ELIGIBILITY OF FOALS TO THE NEW JERSEY SIRE STAKES.