



# NJ Stallion Registration

## Certification of Good Health

Name of stallion: \_\_\_\_\_ Tattoo number: \_\_\_\_\_

Farm standing: \_\_\_\_\_

Farm address: \_\_\_\_\_

Stallion owner or contact: \_\_\_\_\_

Address: \_\_\_\_\_

THE COGGINS MUST BE DRAWN WHEN THE HORSE IS EXAMINED. EXAMINATION MUST BE DONE BETWEEN **FEBRUARY 1<sup>st</sup> AND FEBRUARY 28<sup>th</sup>** 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 diseases. In addition, the physical examination shows no discernible abnormalities in the external genitalia, except as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above named standardbred was negative to Equine Infectious Anemia Agar Gel Immunodiffusion. (EIA-AGID) tested date: \_\_\_\_\_

Testing laboratory: \_\_\_\_\_

Address: \_\_\_\_\_

*Signature of accredited veterinarian* X \_\_\_\_\_

*Please PRINT name of veterinarian* X \_\_\_\_\_

Date examined: \_\_\_\_\_

This form must be received by the Standardbred Breeders and Owners Association of New Jersey no later than February 28<sup>th</sup> of the registered year. Failure to file the certification of good health could result in loss of registration of the stallion.