Veterinary Certificate for Riding, Driving and Race Horses

The costs of the certificate shall be borne by the policyholder

Regarding insurance application dated: /

Regarding insurance policy No.: /

Applicant: Name: Hugo Böker

Addition:

Street No.: TfK Koellee 53-61 Phone No.: / 0049 176 47052662

ZIP / City: 45659 Recklinghausen Fax No.: /

Animal Description:

Breed	Year of Birth / Age (by teeth)	Height (hands/cm)	Sex	Name, Colour, Markings, Brand
Trot Horse	2021	1,61	M	Lady Nele, black

1. When was the horse examined for this certificate? 04.09.2026

2. Nutritional condition and weight of the horse? OK

3. a) Does the horse meet the stated requirements? [X] yes [ ] no

   b) Intended use? Trot Racing

4. For riding horses: Level of training? /

   Achievements? /

5. Has the horse been treated before? [ ] yes [X] no

   a) for which disease? /

   b) when and with what result? /

6. Examination findings:

	at rest	after 10 min trot and gallop	after how many min calm returned?
Respiration: Rate:			
Character:	12 / min	41 / min	6 min
Pulse: Rate:			
Character:	38 / min	87 / min	10 min
Temperature:	37,3	37,1	/
Lung findings:	o.b.B.	o.b.B.	
Heart findings:	o.b.B.	o.b.B.	

7. Are there signs of:
a) Respiratory problems? [ ] yes [ ] no
b) Respiratory disorder with audible inspiratory noise? [ ] yes [ ] no
c) Disturbed consciousness? [ ] yes [ ] no
d) Eye defects? [ ] yes [ ] no
Clouding or adhesions of lens? [ ] yes [ ] no
Periodic ophthalmia (moon blindness)? [ ] yes [ ] no
e) Dental defects? [ ] yes [ ] no
If yes, which teeth? _____

8. Any other signs indicating present / suspected disease? If yes, which? [ ] yes [ ] no

9. Diseases/defects of reproductive organs? If yes, which? [ ] yes [ ] no

10. Changes on limbs / hooves indicating previous/current disease? Which? [ ] yes [ ] no

11. Is the horse lame? [ ] yes [ ] no
If yes, degree and cause? _____

12. Conformation or gait faults? If yes, which? [ ] yes [ ] no

13. Is turning pain detectable when turning on a limb? [ ] yes [ ] no

14. Does temporary lameness occur after flexion test?
front left [ ] yes [ ] no
front right [ ] yes [ ] no
hind left [ ] yes [ ] no
hind right [ ] yes [ ] no

Results of X-rays to be added on separate sheet. Please attach all current X-rays per application.

15. Further defects or vices? If yes, which? [ ] yes [ ] no

16. Signs of previous injuries, treatments or surgery (firing, neurectomy, colic [illegible]? If yes: [ ] no

17. Is the horse healthy, free of defects and vices according to findings? [ ] yes [ ] no

18. Are feeding, care and stabling adequate? [ ] yes [ ] no

19. Have epidemics occurred in stock or location? If yes, which and when? [ ] yes [ ] no

20. Additional remarks:

Place: Dülmen Date: 04.09.2026

(Stamp and signature of veterinarian)

Tierarztpraxis
Julia Holzschuh
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48249 Dülmen
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