



GEMINIGENETICS

Equine Owner Declaration Form

ALL SECTIONS TO BE COMPLETED AND SIGNED BY THE ANIMAL OWNER AND VERIFIED BY THE EXAMINING VETERINARIAN

Owner/Agent's Name: Animal's Name:

Animal Registration/
Microchip Number: Species.....

Gender..... D.O.B

Date of Tissue Sampling.....

Addresses of where the donor animal resided for the 60 days immediately prior to tissue sampling:

1).....

.....Postcode:.....Tel:.....

I, the undersigned, hereby certify the following;

1. The donor animal resided in the country of origin for no less than 60 days prior to tissue sampling
2. During that 60-day period, the premises of origin and any adjacent premises were free of infectious and contagious diseases including dourine, glanders, EIA and contagious equine metritis
3. The donor animal was free from any quarantine or movement restrictions for a period of no less than 60 days prior to collection of the tissue sample
4. The donor animal was not used for natural breeding for a period of no less than 60 days prior to collection of the tissue sample
(Date last used for natural covering:(Day, Month, Year))
5. The donor animal was inspected on the date of collection of the tissue sample and found to be free of clinical signs of contagious and infectious disease

Please note that it is an offence to make a false declaration.

DONOR ANIMAL OWNER/AGENT

Signed:..... Date :

Name:..... (Block Capitals)

EXAMINING VETERINARIAN

Signed:..... Date :

Name:..... (Block Capitals)

Practice: