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|---|--|
| <b>Establishment name:</b>  |  |
| <b>Date of inspection:</b>  |  |
| <b>Total number of equines inspected:</b>   |  |
| <b>DECLARATION</b>  |  |
| I confirm that the information in this form pertains to the horses which I have inspected at the above-named establishment, and that it is accurate to the best of my knowledge and belief. |  |
| <b>Veterinary Inspector's name:</b>   |  |
| <b>Signature:</b>   |  |
| <b>Date:</b>  |  |