



DANSK VARMBLODS HINGSTEKÅRING

DECLARATION OF FAITH & LAW

This form must be handed in in connection with
the measurement and identification check of the stallion.
Otherwise, it is not possible to participate in the licensing.

HORSE'S NAME: _____

REG.NO.: _____ CAT.NO.: _____

The undersigned hereby declares that the following information is correct:

1. Has the horse been operated on?: Yes No

If yes, write the name of the disorder and the area where the operation has been performed:

2. Has the horse received any medication within the last two weeks?: Yes No

*If the horse has received medication, write the reason and medication here
(important for doping regulations):*

Veterinary questions can be directed to veterinarian
Hans Schougaard, Them tel. 86 84 78 11/21 27 78 11

Date

Horse owner's first and last name in CAPS

Horse owner's signature
(Must not be signed by a representative)