RIDING ESTABLISHMENTS ACTS 1964 AND 1970- VETERINARY SURGEONS'S REPORT FORM

Name	Age	H.H.	Gender	Colour	Breed / Type	Horse's Use (i.e. general purposes)	Condition of feet and shoeing	General Condition	Heart	Eyes	Suitability & Comments

I HEREBY CERTIFY THAT (NAME) …… BEING A DULY QUALIFIED AND AUTHORISED VETERINARY SURGEON, HAVE THIS DAY EXAMINED THE HORSES AND PONIES LISTED ABOVE & DESCRIBED ABOVE, PRESENTED TO ME AS WITHIN THE PROVISIONS OF THE ACTS, INCLUDING ANIMALS AT PART LIVERY AND ANIMALS THREE YEARS OLD AND UNDER. THIS INSPECTION DID NOT INCLUDE AN EXAMINATION FOR PREGNANCY. I FIND THEIR CONDITION AND ANY SIGNS OF DISEASE OR INJURY TO BE AS STATED.

IN MY OPINION THE SUITABILITY OF THESE ANIMALS FOR THE PUROPSE FOR WHICH THEY ARE KEPT IS AS INDICATED ABOVE ***(SIGNED) …… F/M.R.C.V.S.***