Rental Horse Certificate of Health

NYC Department of Health & Mental Hygiene

§3.19 of the N.Y.C. Health Code provides that no person shall make a false, untrue or misleading statement, or forge the signature of another on a certificate required to be prepared pursuant to this Code. A violation is punishable as a misdemeanor with a fine of up to $2,000.

Section A – OWNER INFORMATION *(To be completed by horse owner)*

NAME OF HORSE	TAG NUMBER	License Expiration
		__ __/__ __/__ __
OWNER'S NAME	STABLE	Check One ☐ CARRIAGE ☐ RIDING

Section B – VETERINARIAN INFORMATION *(To be completed by examining veterinarian)*

PHYSICAL EXAMINATION

TEMPERATURE	PULSE	RESPIRATION

SYSTEM	SOUND	UNSOUND	REMARKS
Integumentary	☐	☐	
Respiratory	☐	☐	
Circulatory	☐	☐	
Digestive	☐	☐	
Dental	☐	☐	
Urogenital	☐	☐	
Nervous	☐	☐	
Ocular	☐	☐	
Musculoskeletal	☐	☐	
Locomotor	☐	☐	
Hoofs and Shoeing	☐	☐	

VACCINATIONS, TESTS AND TREATMENTS

Flu/Rhino _____ __ __/__ __/__ __

Tetanus _____ __ __/__ __/__ __

Encephalitis (Type) _____ __ __/__ __/__ __

Rabies _____ __ __/__ __/__ __

Coggins _____ __ __/__ __/__ __

Fecal Examination Results _____ __ __/__ __/__ __

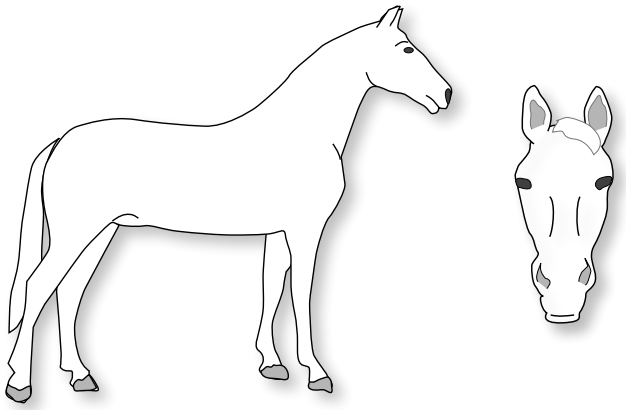
Parasitic Treatment:

Endo _____ Medication _____ __ __/__ __/__ __

Ecto _____ Medication _____ __ __/__ __/__ __

Other _____ __ __/__ __/__ __

DESCRIPTION OF HORSE



MARE ☐ **GELDING ☐**

Breed (Pure Breeds must be documented)	Hoof Brand No.

Color

Age	Date of birth	Age / birthdate have been assessed.
	__ __/__ __/__ __	Veterinarian initials

CERTIFICATE OF HEALTH

I hereby certify that the horse described herein was examined by me on __ __/__ __/__ __ and was found to be:

☐ Physically able to perform the work or duties required of it.[1]

☐ Not physically able to perform the work or duties required of it. (Please describe). ☛

☐ Physically able to perform the work or duties required of it with restrictions. (Please describe). ☛

[1] Carriage horse may work no more than 9 hours in any continuous 24-hour period. Riding horses may work no more than 8 hours in any continuous 24-hour period.

DESCRIPTION OF INJURIES, DISEASES AND WORK RESTRICTIONS

Include maximum hours a day that horse should work.

Section C – DOHMH USE ONLY

Approved by	Date
	__ __/__ __/__ __

VETERINARIAN'S SIGNATURE	DATE
	__ __/__ __/__ __
VETERINARIAN'S NAME *(Please Print)*	N.Y.S. LICENSE NO.

Notes:

ANNUAL ☐ BIANNUAL ☐

This certificate is valid for 30 days after examination