



# STALLION AI SERVICES LTD



## PRE-ENTRY HEALTH CERTIFICATE

ALL SECTIONS TO BE FILLED IN AND SIGNED BY CLIENT'S VETERINARY SURGEON

Stallion's Name:..... DoB: ..... Description: .....

Registration No: ..... Date last used : ..... (Day, Month, Year)

**NB. The stallion must not be used for covering or semen collection for 30 days before the arrival at the Collection Centre**

Owner: .....

### **BLOOD TESTS**

**Blood samples must be sent to: CVL, New Haw, Weybridge, Surrey, KT15 5NB**

<b><u>Test</u></b>	<b><u>Date sample taken</u></b>	<b><u>Result</u></b>
EVA (SNT)(unvaccinated only)	.....	.....
EIA (Coggins)(All stallions)	.....	.....

Blood samples to be taken at the time of examination, which must be within **20 days** of the date of entry to the Collection Centre.

### **SWABS**

**Swabs must be sent to: VLA, Rougham Hill, Bury St. Edmunds, Suffolk, IP33 2RX.**

<b><u>Test</u></b>	<b><u>Date sample taken</u></b>	<b><u>Result</u></b>
CEM (single pre-entry CEM test)	.....	.....

Swabs to be taken within **20 days** of the date of entry to the Collection Centre.

### **VACCINATIONS**

EVA vaccination is not a prerequisite for entry. If the semen is required for Australia, N.Z. or South Africa the stallion must not have been given an EVA vaccine in the month prior to entering the Collection Centre. For vaccinated stallions, the date of last vaccination and pre-vaccination blood test must be shown. Influenza and tetanus vaccinations must be up to date.

<b>Vaccine</b>	<b>Date</b>	<b>Valid until</b>	<b>Date of clear pre-Vacc. Blood test*</b>
EVA	.....	.....	.....
EHV-1	.....	.....	.....
Eq. Influenza	.....	.....	.....
Tetanus	.....	.....	.....

\*Required for Australia and N.Z. For Australia, this date must be within 3 years prior to arrival at the semen collection.

**CEM**

To the best of my knowledge and belief:-

- i) the stallion\* and his dam\* have never tested positive for CEM.
- ii) the stallion has not had contact with CEM positive horses for a period of at least 60/90\* days prior to the date of this certificate.

\* Delete as appropriate. (Please contact the Freezing Unit if any deletion is necessary.)

**GENERAL**

I, the undersigned, hereby certify that I examined the above stallion on.....(Date), being within 20 days of the agreed date of entry to the A.I. Centre, and found him to be free of clinical signs or symptoms of infectious or contagious disease. To the best of my knowledge and belief there has been no case on the premises where this stallion normally resides of:-

- (a) EVA, EIA, CEM, Eq. Encephalomyelitis, Borna disease or Surra in the past 12 months;
- (d) Strangles within the past 30 days.
- (c) EHV I & EHV II within the past 30 days.
- (d) Ringworm within the past 30 days.

Signed..... MRCVS Name:.....  
(Block Capitals)

Address.....

.....

.....Phone No .....

A passport or other means of positive identification must accompany the stallion to the Centre.

**This certificate must be sent/faxed to Stallion AI Services before the stallion comes to the Centre.**

**To be returned to:  
Stallion AI Services Ltd, Twemlows Hall, Whitchurch, Shropshire. SY13 2EZ  
Tel. 01948 666295 Fax. 01948 662663**