# NJ Stallion Registration

## Certification of Good Health

Name of Stallion: _____ Tattoo number: _____

Farm standing: _____

Farm address: _____

Stallion owner or contact: _____

Address: _____

THE COGGINS MUST BE DRAWN WHEN THE HORSE IS EXAMINED. EXAMINATION MUST BE DONE BETWEEN **JANUARY 1st AND FEBRUARY 1st** OF THE YEAR THE STALLION IS REGISTERED AND STANDING. DUAL HEMISPHERE STALLION COGGINS AND EXAMINATIONS SHALL BE DONE NO LATER THAN MARCH 1st AND SUBMITTED BY MARCH 15th OF THE YEAR THE STALLION IS REGISTERED AND STANDING.

This is to certify that I have, on this day, examined the above-named standardbred stallion and found that it is apparently free from any infections, contagious or communicable diseases. In addition, the physical examination shows no discernible abnormalities in the external genitalia, except as follows:

_____

_____

The above named standardbred was negative to Equine Infectious Anemia Agar Gel Immunodiffusion. (EIA-AGID) tested date: _____

Testing laboratory: _____

Address: _____

*Signature of accredited veterinarian* X_____

*Please PRINT name of veterinarian* X_____

Date examined: _____

This form must be received by the Standardbred Breeders and Owners Association of New Jersey no later than **FEBRUARY 1st** of the registered year. Failure to file the certification of good health could result in loss of registration of the stallion.

SBOANJ
64 Business Route 33
Manalapan, NJ 07726