Canadian Thoroughbred Horse Society
National Office

CERTIFICATE OF REPRODUCTIVE EXAMINATION

To be completed by veterinarian no more than 10 days prior to the date of the sale.

MARE NAME	HIP NUMBER
EXAMINATION LOCATION	EXAM DATE DD/MM/YYYY
OWNER/AGENT	

I have examined the mare listed above and have followed the customary standard veterinary clinical procedures in performing this examination. It is my opinion, based on the information supplied to me by the owner or authorized agent, the said mare is:

☐ Pregnant ☐ Not Pregnant

If NOT pregnant, select one of the following:

☐ Has never been mated ☐ Was not mated for the breeding season of 2025

☐ Was mated but is not pregnant ☐ Mare has aborted a single foal

☐ Mare has aborted twins

If NOT pregnant, select one of the following:

☐ Mare is suitable for mating ☐ Mare is not suitable for mating (provide reason below)

_____

_____

Name of examining Veterinarian: _____

Veterinarian Signature: _____

Contact Phone Number : _____

Contact Email: _____