



PHOENIX NATIONAL STUD

DECLARATION OF HEALTH

Mare's Name:	
Stable Name:	
Owner:	
Address of	
Stable/Premises:	
Postcode:	
Duration at these Premises:	

This is to confirm that to the best of my knowledge there has been no outbreak of infectious disease ((strangles, EVA, EHV, Equine Influenza, etc) at the premises of origin of the above mare in the past twelve (12) months.

Vet's signature: _____ Date: _____	
Name:	MRCVS/FRCVS:
Practice:	
Address;	
Postcode:	
Telephone:	
Mobile:	
Email:	

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