



## DOKR Health certificate

I certify that the horse/pony (name, life number):

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Located at the stable (TRACES number, address):

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Owner/rider: \_\_\_\_\_

Up until this point in time (date, time): \_\_\_\_\_

has no recognizable, conspicuous symptoms of an infectious disease. Similarly, I am not aware of the presence of symptoms of an infectious disease in the herd of origin of the horse/pony mentioned above.

The temperature of the horse/pony immediately before departure to Warendorf

\_\_\_\_\_ (to be entered by the owner/rider of the horse/pony).

\_\_\_\_\_  
Signature of owner/rider of the horse/pony

\_\_\_\_\_  
Date