



Rental Horse Certificate of Health

New York City Department of Health and Mental Hygiene

§3.19 of the N.Y.C. Health Code provides that no person shall make a false, untrue or misleading statement, or forge the signature of another on a certificate required to be prepared pursuant to this Code. A violation is punishable as a misdemeanor with a fine of not more than \$500.

Section A - OWNER INFORMATION (To be completed by horse owner)

NAME OF HORSE	TAG NUMBER	Check One <input type="checkbox"/> CARRIAGE <input type="checkbox"/> RIDING
OWNER'S NAME	STABLE	

Section B - VETERINARIAN INFORMATION (To be completed by examining veterinarian)

PHYSICAL EXAMINATION	TEMPERATURE	PULSE	RESPIRATION	DESCRIPTION OF HORSE																																								
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				Age	Date of Birth	Hoof Brand No.																																						

CERTIFICATE OF HEALTH

I hereby certify that the horse described herein was examined by me on ___/___/___ and was found to be:

- Physically able to perform the work or duties required of it.¹
- Not physically able to perform the work or duties required of it. *(Please describe).* ☛
- Physically able to perform the work or duties required of it **with restrictions.** *(Please describe).* ☛

¹ Carriage horse may work no more than 9 hours in any continuous 24-hour period. Riding horses may work no more than 8 hours in any continuous 24-hour period.

DESCRIPTION OF INJURIES, DISEASES AND WORK RESTRICTIONS *Include maximum hours a day that horse should work.*

Section C - DOHMH USE ONLY

Approved by	Date
	___/___/___

VETERINARIAN'S SIGNATURE	Date	Notes:
VETERINARIAN'S NAME <i>(Please Print)</i>	N.Y.S. LICENSE NO.	