



American Shetland & Derivative  
Association of New Zealand Inc



**STALLION SOUNDNESS CERTIFICATE APPLICATION**

NAME OF HORSE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ REGISTRATION NUMBER: \_\_\_\_\_

AGE:  2 Years  3 Years  4 Years  Other Age \_\_\_\_\_

COLOUR: \_\_\_\_\_

EYE COLOUR: \_\_\_\_\_ BRANDS: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E MAIL: \_\_\_\_\_

**Signed:**

\_\_\_\_\_  
*(all to sign)* *Date*

**NOTE:** Please include the fee of \$50.00

**Please pay by internet banking to:  
ASANZ Inc - 06-0738-0164562-00  
Please Include your name and "Soundness" as the reference**

<p><b>Return Forms by mail to:</b> The Registrar PO BOX 2146 Stortford Lodge Hastings, 4153</p>	<p><b>Or Email Forms to:</b> Alannah.horrocks@yahoo.co.nz</p>
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**TO BE COMPLETED BY A VETERINARIAN**

**NOTE TO VET:**

Horses must be at least 12 months old before they can be verified for a stallion soundness certificate.

Please compare this horse with the photos and details on the registration certificate or application for registration to confirm the identity of the horse.

I hereby certify that I have examined the horse described on this application and found him to have no clinical evidence of the following conditions at the date of examination.

**Name of Vet:** \_\_\_\_\_ **Date of Examination:** \_\_\_\_\_

Please tick the box only if the stallion is **free** of the condition. Place an X in the box if the stallion shows signs of the condition and add a comment if appropriate.

- Congenital Cataracts \_\_\_\_\_
- Overshot Jaw \_\_\_\_\_
- Parrot Mouth \_\_\_\_\_
- Dwarfism \_\_\_\_\_
- Malformation of genitals \_\_\_\_\_
- Cyptorchid or Monorchid \_\_\_\_\_
- Locked Stifle \_\_\_\_\_
- Nasal Disease \_\_\_\_\_
- Stringhalt \_\_\_\_\_
- Other Determinable Genetic Faults \_\_\_\_\_
- Nasal Disease \_\_\_\_\_

**ANY OTHER COMMENTS:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Qualifications: