



STALLION SOUNDNESS CERTIFICATE APPLICATION

Return Form To:

The Registrar
PO BOX 2146
Stortford Lodge
Hastings, 4153

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: _____

NOTE: Please return original certificate with this application and include a fee of \$25.00.

Signed:

(all to sign)

Date

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: