

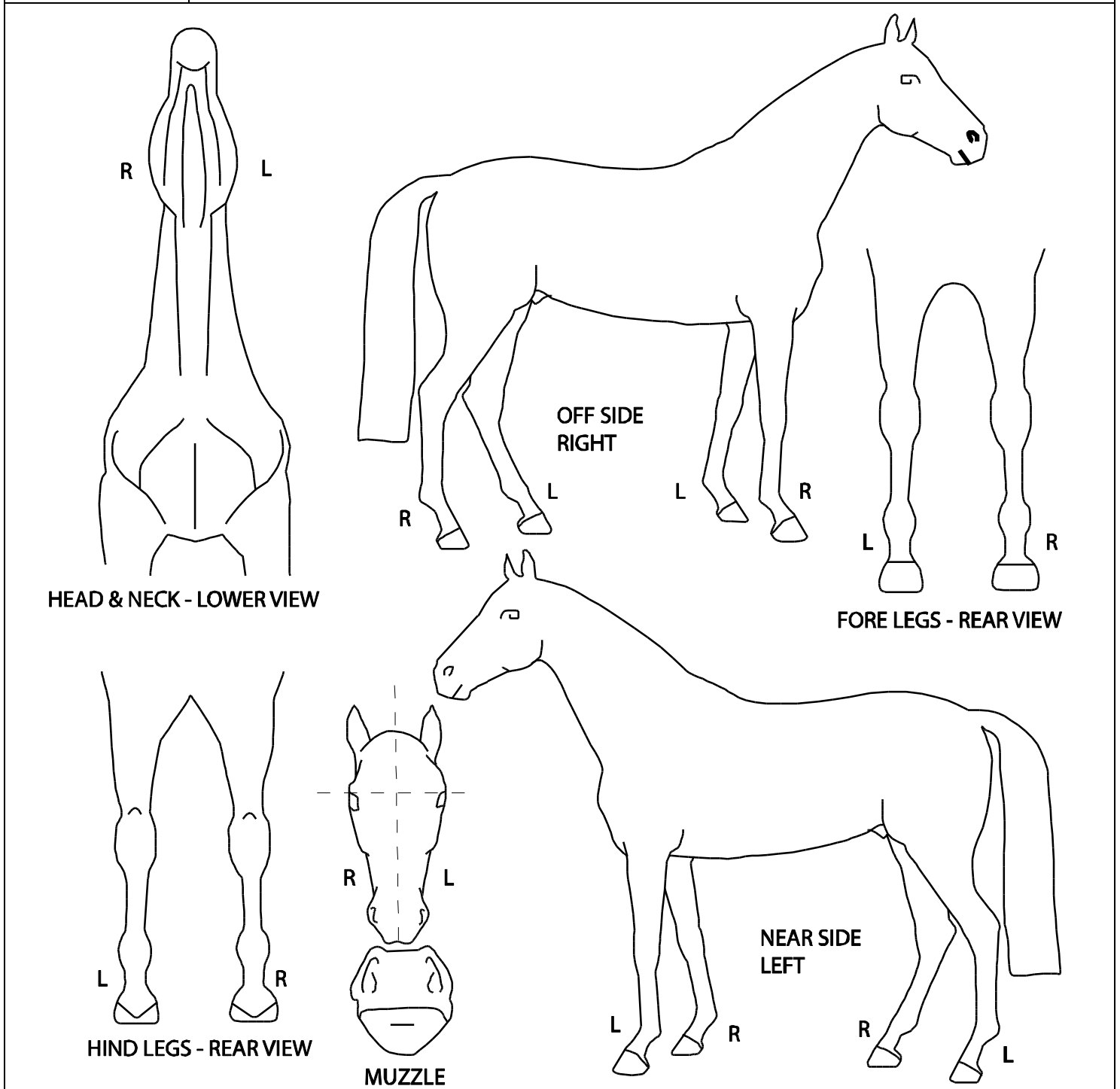


NEW ZEALAND WARMBLOOD ASSOCIATION INC.

STALLION VETERINARY EXAMINATION

SEND TO: Registrar: Christine Hartstone, 1 Ohautira Road, RD1 Raglan 3295
E: registrar@nzwarmbloods.com

DETAILS OF STALLION				
Name of stallion				
Age		Registration No		Registry
VERIFICATION OF IDENTITY				
Colour			Height (min of 160cm at 3yrs of age)	
Brands	OSS	OSH	NSS	NSH
Microchip				
Markings Scars, Whorls etc				



OWNER DECLARATION (to be signed at time of examination)			
Current Owner / Lessee / Agent <i>(cross out titles that do not apply)</i>		Phone	
Email		Mobile	
Owner / Lessee / Agent Statement	This stallion has been medicated during the last 45 days YES <input type="checkbox"/> NO <input type="checkbox"/>		
	If YES, please give details:		
	Signed: _____ Date: _____ <i>(The Owner / Lessee / Agent named above is required to sign this declaration)</i>		

VETERINARY EXAMINATION

Examination of Genitalia:	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Comments:		

Eyes:	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Comments:		

Hearing:	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Comments:		

Mouth, Palate, jaw, Teeth:	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Comments:		

Presence of Sarcoids :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:		

Presence of Bony Growths or Malformations:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:		

Evidence of Hernia:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:		

Limbs including Feet: (Examination for ringbone, sidebone, bone spavin, curbs etc. Allowance should be made for injury related abnormalities)	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Comments:		

EXAMINATION AFTER FREE, RIDDEN OR LUNGE WORK:	
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Evidence of Laryngeal Neuropathy or Respiratory Abnormalities :	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Scope if necessary and comment:

Heart Rate - Before and After Work:	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
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Comments:

Evidence of Lameness after Flexion Test:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Comments:

Evidence of Lameness after Walk and Trot on Hard Ground:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Comments:

Evidence of Genetic Unsoundness or hereditary disease:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Comments:

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Are there any Conformation Faults?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Comments:

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Are there points likely to affect performance as a riding horse or breeding stallion?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Comments:

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Other Comments or Observations:
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Further tests or xrays to confirm a diagnosis may be requested in writing to the NZWA.
Blood samples may be taken and dispatched to the laboratory if it is felt they are necessary.

Veterinarian's Declaration:

I hereby certify that I have examined the stallion described above. I declare that neither I nor any members of this practice have any vested interest in the above named horse.

Veterinarian Name _____

Veterinarian Practice _____

Veterinarian Signature _____ Date _____