

ARBN 096 500 346



ABN 22 921 298 546

MINIATURE HORSE ASSOCIATION OF AUSTRALIA INC.

STALLION CERTIFICATE OF SOUNDNESS

Entire form to be completed by a Qualified Veterinarian

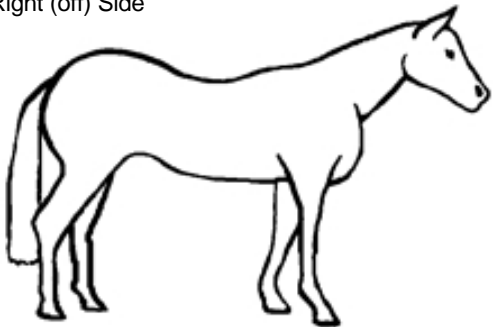
I _____ do hereby certify that I have
on this _____ day of _____ 20 _____ examined,

Name of Stallion _____ Height _____
Date of Birth _____ Colour _____
Registration No. _____ Brands _____
Owned by _____ Member No. _____
Address _____

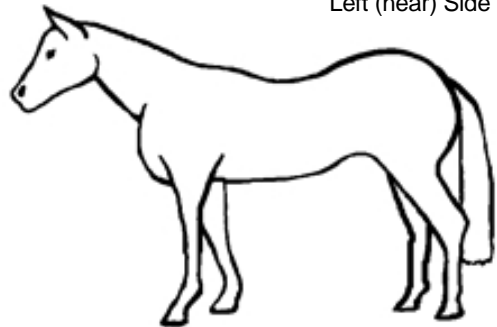
INSERT BRANDS AND MARKINGS EXACTLY AS THEY APPEAR ON THE HORSE

Right (off) Side

Left (near) Side



Head Front



and on this particular day it has been found that this horse has no visible signs of defects at the time of examination. Tick/Cross box if sound and comment as applicable.

- CONGENITAL CATARACT _____
- OVERSHOT JAW _____
- PARROT MOUTH _____
- DWARFISM _____
- MALFORMATION OF GENITALS _____
- LOCKED STIFLE _____
- OTHER CONGENITAL LEG ABNORMALITIES _____
- OTHER DETERMINABLE GENETIC FAULTS _____

Signature _____ Qualifications _____

Contact Details _____