

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

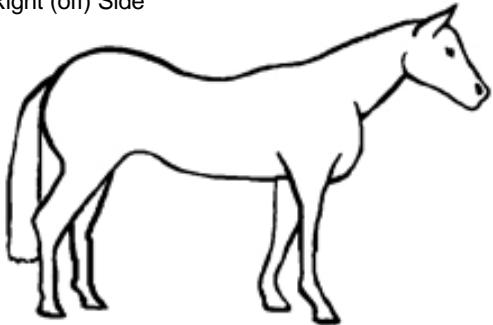
I \_\_\_\_\_ do hereby certify that I have  
on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ examined,

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

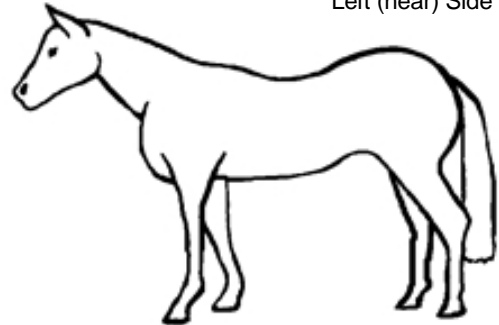
INSERT BRANDS AND MARKINGS EXACTLY AS THEY APPEAR ON THE HORSE

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 \_\_\_\_\_