



QUEENSLAND PINTO HORSE ASSOCIATION INC.

(Established 1975)



VETERINARY CERTIFICATE

(Veterinary Certificate to accompany application for Registration of all Colts/Stallions 2 years and over)

NAME OF STALLION:

COLOUR:..... **COAT PATTERN:** Tobiano, Overo, Tobero, Sabino, Splash
(Please circle)

DATE OF BIRTH:..... **BRAND:**

MICROCHIP NUMBER:

Does the above named stallion have any of the following disqualifying characteristics?

- | | |
|-----------------------------------------------------------|----------|
| Overshot / Undershot Jaw
(no more than 5mm variation): | Yes / No |
| Congenital Eye Defects or Cataracts: | Yes / No |
| Osteoporosis (Nasal Disease): | Yes / No |
| Sidebone / Ringbone: | Yes / No |
| Club Foot: | Yes / No |
| Offset Cannons: | Yes / No |
| Stringhalt (congenital): | Yes / No |
| Scrotal Hernia / Umbilical Hernia | Yes / No |
| Palpable Abnormalities in Testicles: | Yes / No |
| Cryptorchid / Monorchid: | Yes / No |
| Roaring: | Yes / No |
| Shivers: | Yes / No |

If yes, describe:

.....

Any Other Hereditary Conditions that would prevent this stallion from being considered as suitable breeding stock:

.....

Veterinarians Declaration:

This is to certify that on/...../.....
I have examined the horse identified above for the QPHA Inc Stallion registration.

Place of examination:

Do you normally attend this owners horses: Yes / No

Have you previously attended this stallion: Yes / No

Veterinarians Name:

Practice Name:

Address:

.....

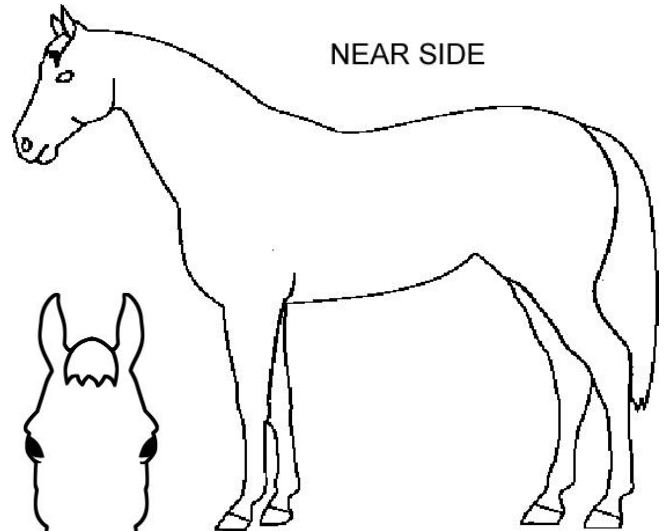
Phone:

Signature:

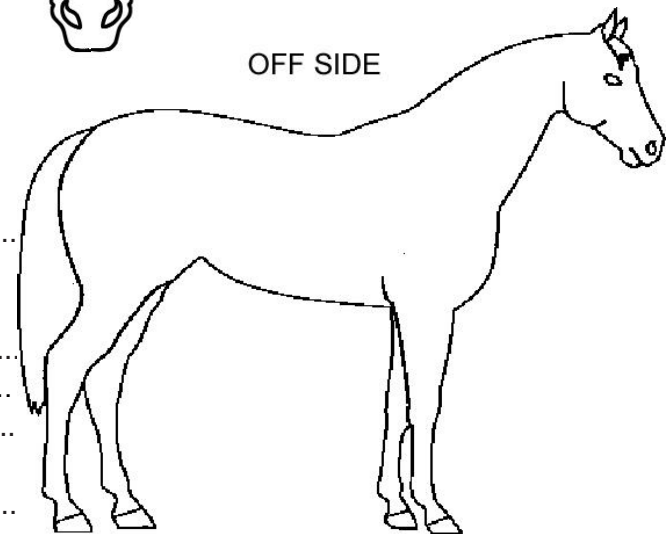
Name of stallion owner:.....

Stallion owners address:

Please note: Either print photos of stallion on 6x4 photo paper with Veterinarian to sign the back of each side of horse photographs to verify horse identity OR draw all markings on diagram below including brands



NEAR SIDE



OFF SIDE