

NEW ZEALAND WARMBLOOD HORSE ASSOCIATION COLT & STALLION VETERINARY EXAMINATION

HORSE REGISTERED NAME: _____

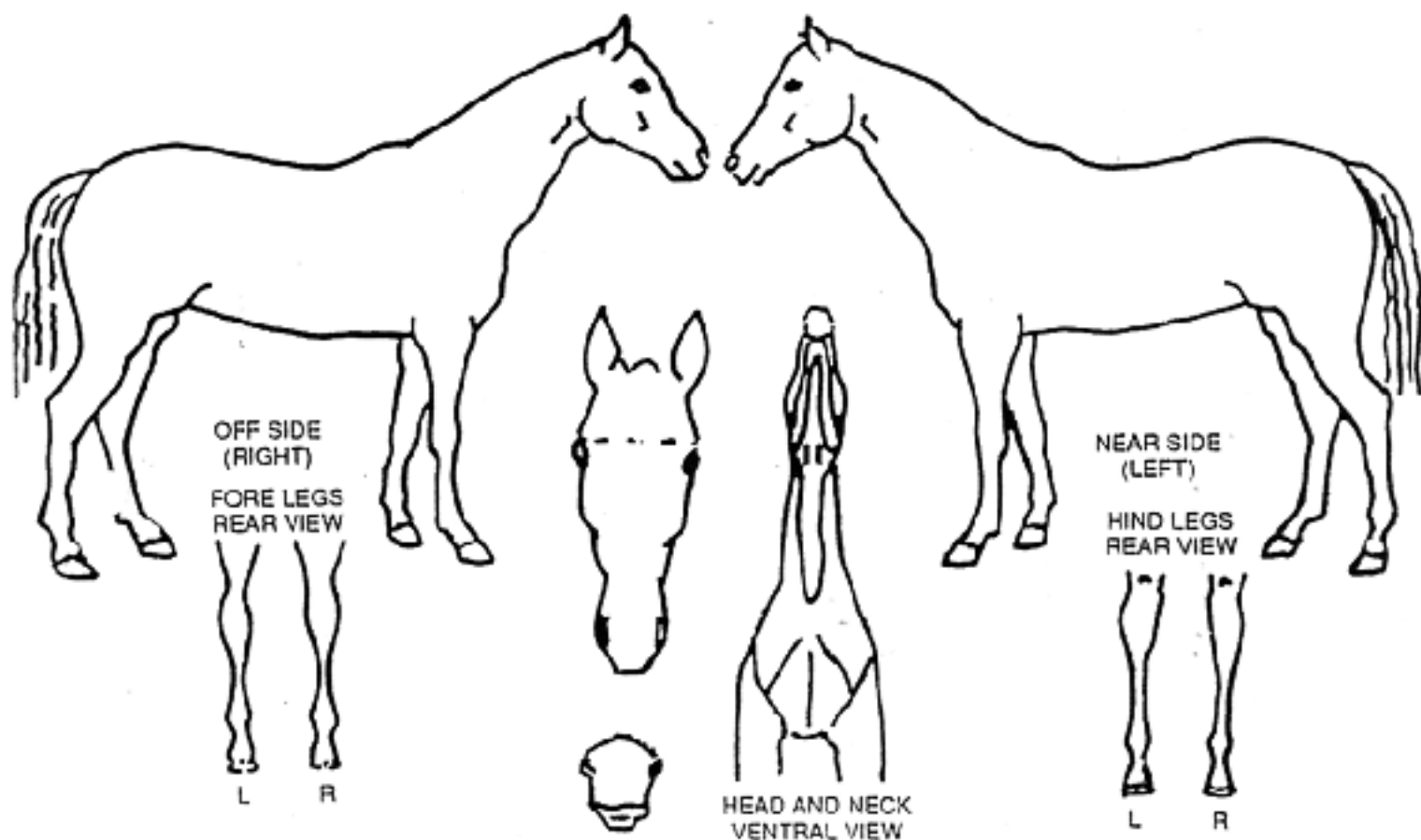
REG No: _____ AGE: _____ COLOUR: _____

HEIGHT: _____ cm (Minimum height requirement is 160cm at three years of age)

BRANDS: _____ H/Sh; _____ O/Sh; _____ N/Thigh; _____ OTHER

MARKINGS, SCARS, WHORLS, etc _____

Draw brands and/or markings: Mark whorls as X, scars as ←, prophets thumb as Δ.



Vendor or agent statement: The horse has been medicated during the last 45 days YES NO

If YES, please give details: _____

Signature: _____ (Vendor or agent is required to sign this declaration)

NOTE: Record any genetic unsoundness, conformation faults and other hereditary defects:-

NOTE: Record any points likely to affect performance as a riding horse or breeding stallion:-

Confirm whether both testicles are descended YES NO Comment _____
and
are fully formed and of equal size YES NO Comment _____

Check hearing and sight:- _____

Check teeth, jaw and palate:- _____

Do indicated age correspond to teeth YES NO

Note any bony growths, soft lumps or malformations:- _____

Conduct flexion tests on leg joints and evaluate soundness of legs and feet (horse should be walked and trotted out on hard ground):- _____

Test for roaring during strong canter (eg, free, ridden or on the lunge) and scope if necessary:- _____

Take heart rate and respiration rate before and after work (note any abnormality or inadequacy):- _____

Record any other comments or observations:- _____

Perform such special tests as may be requested in writing by the NZWHA in relation to this particular horse. If required, take blood samples for blood typing according to the requirements specified on the green form provided by the Federal Registrar and dispatch direct to the laboratory.

Veterinary Practice Name:- _____

Address:- _____

Signature Veterinary Surgeon:- _____

Date:- _____