



STALLION SOUNDNESS

ANNEX C TO PART 3

| | | |
|--|----------|--------|
| Owner | | |
| Postal Address | | |
| Email | | |
| Telephone | Landline | Mobile |
| Person requesting Examination | | |
| Location of Horse at time of Examination | | |
| Name of Horse | | |
| Registration Number | | |
| Sex | | |
| Colour | | |
| Brand and/or Microchip number | | |
| Date of Birth | | |
| Height at time of Examination and Age | Height | Age |
| Sire & Registration Number | | |
| Dam & Registration Number | | |
| Hair sample taken for DNA testing | Yes / No | |

Clinical Examination

Are the following within the range of **normal**? Please answer yes or no.

| | |
|--|--|
| 1. Genital organs | |
| 2. Heart and lungs at rest | |
| 3. Stifle (including patella) | |
| 4. Hocks | |
| 5. Other parts of the muscular skeletal system | |
| 6. Eyes and associated structures | |
| 7. Feet | |
| 8. Umbilical and inguinal regions | |
| 9. Action and conformation | |
| 10. Mouth | |

Please note that the following are considered serious abnormalities: retained testicles, undershot or overshot jaw, luxations or upward fixation of patella, evidence of inguinal or umbilical hernia repair.

Please comment on any abnormalities detected.....

PRACTICE NAME AND ADDRESS.....

VETERINARY SURGEON (Print).....

SIGNED..... DATED.....

Form Return and Payment

This Stallion Soundness Certificate along with the colt recorded registration certificate and or the stallion registration application (form 003) if the horse was not colt recorded must be sent to the Registrar by post. A tax invoice will then be sent for payment of fees - \$50.00 to having your colt upgraded to Stallion status or \$100 if the horse is not Colt Recorded.

The Registrar
 PHBAA
 Kirsty McKenna
 Outlook Stables
 146 Brookland Rd
 Allenvue Qld 4285

Enquires

0411593211
 registrar@percheron.com.au