

Miniature Horse Federation Inc.
Suite 492 Herbert Street
GULGONG NSW 2852
Email: miniaturehorsefederation@gmail.com



Stallion Veterinary Soundness Inspection Certificate

This form must be entirely filled out by a qualified Veterinarian.

I (Print Name) _____ do hereby declare on this day _____

Of _____ 20_____, that the required examination, set out below and on both sides of this form, has been carried out by me on the following horse:

Name of Stallion: _____

Colour: _____ Height in Inches: _____
(height to be taken at the highest point of the wither)

Registration No(as stated on identifying papers): _____ Date of birth: _____

Visible Brands on horse: Near Side: _____ Off Side: _____

Microchip Number (as scanned by Veterinarian): _____

Approximate age of horse from examination of teeth: _____

Any Visible signs of the following:

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| Dwarfism | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Uneven bite (3mm max allowed) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Locking stifle | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Malformation of the genitals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Monorchid | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cryptorchid | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Congenital Cataract | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any other discernable genetic fault present please state: _____

Temperament and Agility Scoring

Scoring to be assessed out of 10

- * From a stationary position stepping to the nearside (left) _____
- * From a stationary position stepping to the offside (right) _____
- * From a stationary position walk forward in a straight line _____
- * Trot in a straight line _____
- * From a stationary position back up _____
- * Eye/hoof Co-ordination test, step over obstacle _____
- * Temperament assessment _____

The following are not reasons for excluding the horse from registration. Please indicate any that are present:

- Deafness: Yes No
- Any external organ injury Yes No
- Any evidence of surgery Yes No
- Any evidence of lameness Yes No

Any extra comments: _____

Please shade all white pattern markings in **RED**, for example pinto, appaloosa, socks, stockings, blases, stars etc. Mark scars in blue or black. Show brands and their precise location horse in blue or black.

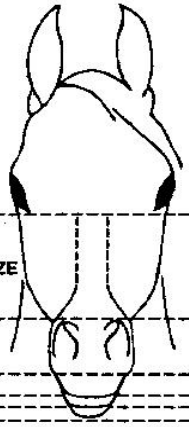
Face

STAR

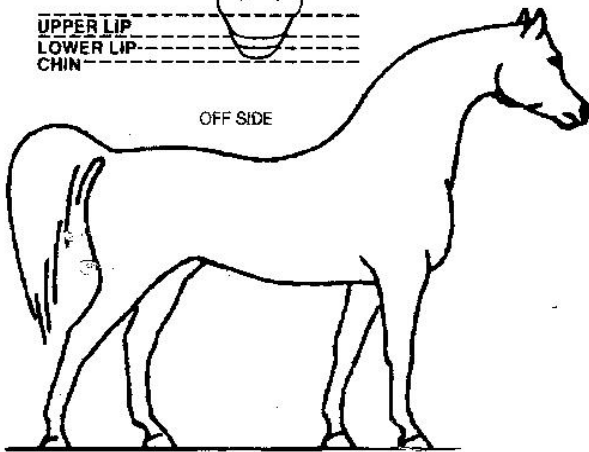
STRIP OR BLAZE

SNIP

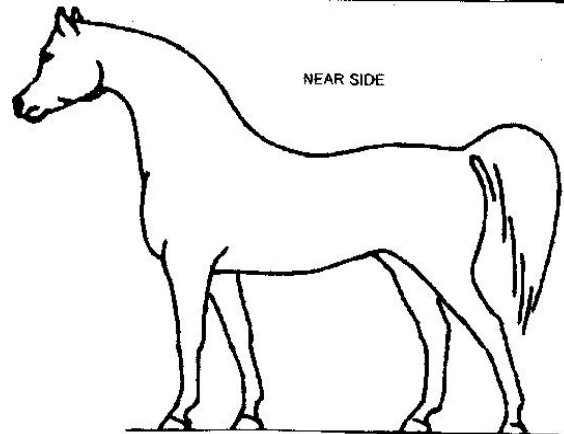
UPPER LIP
LOWER LIP
CHIN



OFF SIDE



NEAR SIDE



I hereby certify that both pages of this stallion veterinary certificate of soundness has been completed by myself the undersigned:

Signature of Attending Veterinarian: _____ Dated: _____

Name of Veterinary Practice: _____

Contact Details (phone): _____

Qualifications: _____

You may not need to produce a stallion Veterinary Certificate of Soundness (VCS) if the following applies:

- The adult stallion has already passed a VCS with another recognized miniature horse association
- Proof can be provided to show SVSC was carried out and passed (permanent adult stallion papers)
- The Certificate of Soundness was carried out in the stallions third year and not younger

Check list for owner when vet comes

Official measuring stick – remember measure at the highest point of wither and in inches * Access to level measuring surface * Red pen and Black or Blue pen * Applicable registration papers from either MHF Inc. or other association accepted by MHF * Both pages of this form * If horse is micro-chipped, make sure Vet brings compatible scanner or one is on hand*

Please post form and payment to:-

Miniature Horse Federation Office
Suite 492 Herbert Street
Gulgong NSW 2852

Email:- miniaturehorsefederation@gmail.com

Bank details: Westpac BSB: 032 653 Account Number: 214395

Place the same reference name or number you have included in Direct Deposit transaction here:

Total amount enclosed or deposited