



New Zealand Shetland Pony Breeders Society (Inc.)

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VETERINARY CERTIFICATE OF SUITABILITY FORM FOR STALLION REGISTRATION

Applications for Stallion Registration must be accompanied by this "Certificate of Suitability" Form which is a visual examination of the pony to be completed & signed by an approved Veterinary Surgeon (refer to Registration Procedures & Regulations regarding Registration of Stallions)

CERTIFICATE OF SUITABILITY

To be completed by an approved Veterinary Surgeon

I, _____

hereby certify that I have this day examined the following Purebred Shetland Pony:

Name of Stallion: _____ Reg No: _____

Colour: _____ Brands: _____

Microchip Number: _____ Height: _____

Owned by: _____

Address: _____

I have found this pony to be in sound and healthy condition & free of the following hereditary diseases:

- | | |
|---|---|
| <input type="checkbox"/> Congenital eye defects | <input type="checkbox"/> Cryptorchidism or Monorchidism |
| <input type="checkbox"/> Ostio Chrondditis Dessican (OCD) | <input type="checkbox"/> Defective Genital Organs |
| <input type="checkbox"/> Ringbone | <input type="checkbox"/> Locking Stifle |
| <input type="checkbox"/> Sidebone | <input type="checkbox"/> Wobbler Syndrome |
| <input type="checkbox"/> Curb | <input type="checkbox"/> Albinism |
| <input type="checkbox"/> Bone Spavin | <input type="checkbox"/> Cleft Palate |
| <input type="checkbox"/> Hernia (umbilical or scrotal) | <input type="checkbox"/> Parrot Mouth (overshot by more than 5mm) |
| <input type="checkbox"/> Stringhalt (congenital) | |

I certify that the information contained in this Certificate of Suitability is correct to the best of my knowledge

Name of Veterinarian: _____

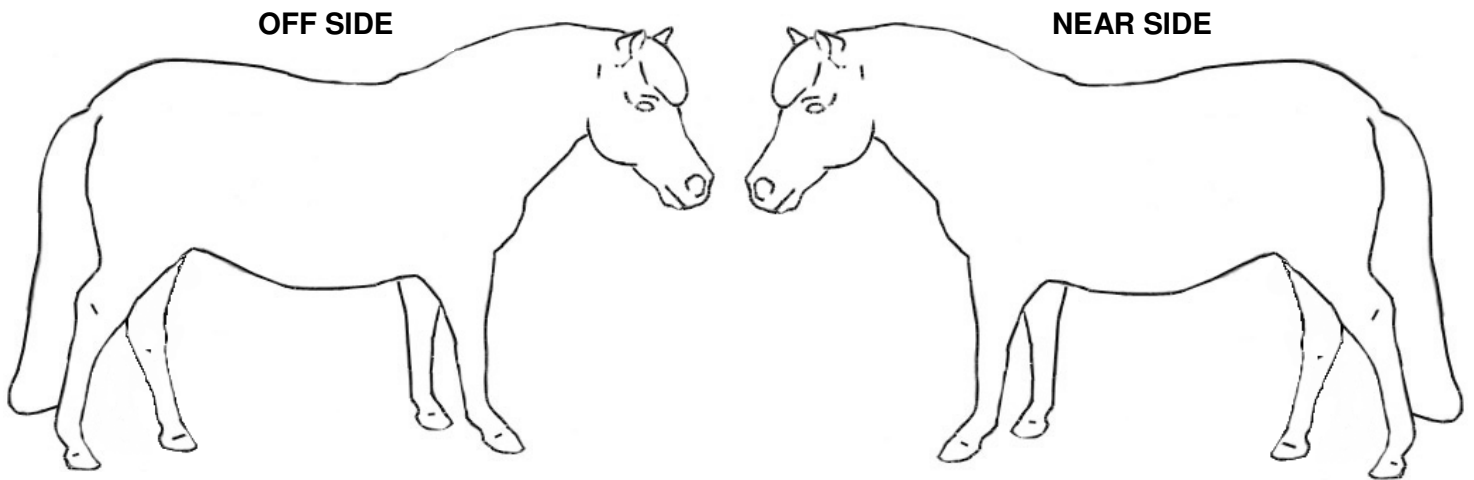
Name & Address of Practice: _____

Signature of Veterinarian: _____

Date: ____/____/20____

MARKINGS

Please fill in these diagrams with the exact position of all markings, brands and permanent scars if any
Mark with X for Microchip insertion



HEAD

COLOUR – please tick (more than one if applicable)



Bay <input type="checkbox"/>	Black <input type="checkbox"/>	Brown <input type="checkbox"/>	Buckskin <input type="checkbox"/>
Chestnut <input type="checkbox"/>	Dun <input type="checkbox"/>	Grey <input type="checkbox"/>	Palomino <input type="checkbox"/>
Piebald <input type="checkbox"/>	Roan <input type="checkbox"/>	Skewbald <input type="checkbox"/>	Other <input type="checkbox"/>

Please describe all colours, markings, brands and permanent scars in words below:

Head: _____

Colour Description: _____

Near Side Body: _____

Near Forelegs: _____

Near Hindlegs: _____

Off Side Body: _____

Off Forelegs: _____

Off Hindlegs: _____