



AUSTRALIAN QUARTER PONY ASSOCIATION

ABN: 99 243 732 466

PO Box 450, Casino NSW 2470

www.aqpa.com.au

CERTIFICATE OF EXAMINATION OF STALLION FOR BREEDING SOUNDNESS

All parts of this form must be completed by a veterinarian who is a registered member of the Australian Veterinary Association (AVA).

Please print in block letters

Do not use correction fluid

Please tick or circle appropriate information

Stallion Name	_____
Rego No	_____

Colour	_____	Pattern	_____
	_____		_____
Markings	_____		
Brands	NS _____	OS _____	Other _____
Height (hands)	_____		

Hair Whorls and Brands (Please mark on sketch)

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

Undershot Jaw	Yes / No
Overshot Jaw	Yes / No
Hernia	Yes / No
Monorchid/Cryptorchid	Yes / No
Both testicles evenly sized	Yes / No
Other Testicular Abnormalities	Yes / No

This is to certify that I have examined the stallion identified above and in the attached photo, for breeding soundness.

Veterinarian's Name _____

Practice Name _____

Address _____

Phone _____

Signature _____

Owners Name _____	Membership No _____
Owners Address _____	
Phone Number _____	

<i>Office use only</i>	
Registration No _____	Receipt No _____
Amount Received _____	Date Paid _____