

The Australian Pony Stud Book Society Inc.

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STALLION CERTIFICATE OF SUITABILITY

To determine suitability for the breeding of registered Australian Pony Stud Book ponies.

To be completed by a practicing veterinary surgeon.

PLEASE PRINT IN BLOCK LETTERS - DO NOT USE CORRECTION FLUID

Pony Details:

Prefix: _____ Name: _____

Breed: _____ Date of Birth: _____

Height: _____ Colour: _____

Brands - Near Shoulder: _____ Off Shoulder: _____

Owner:

Member No: _____ Name: _____

Address: _____

Examination requested by: _____

Person in charge of pony: _____

Place of examination: _____

Weather conditions _____

Veterinary Surgeon:

Name: _____

Address: _____

I have examined the pony detailed above and, in my opinion, there is no apparent evidence of any of the following defects:

- | | |
|--|-------------------------------------|
| 1. Congenital eye defects | 2. Osteo chondritis dessicans (OCD) |
| 3. Ringbone | 4. Sidebone |
| 5. Curb | 6. Bone spavin |
| 7. Hernia (umbilical or scrotal) | 8. Stringhalt (congenital) |
| 9. Cryptorchidism or monorchidism | 10. Defective genital organs |
| 11. Locking stifle | 12. Wobbler syndrome |
| 13. Albinism | 14. Cleft palate |
| 15. Parrot mouth (overshot by more than 5mm
- may be represented at four years old) | |

I therefore find the pony suitable for the purpose for which it was examined.

Signature: _____

Date: _____ / _____ / _____

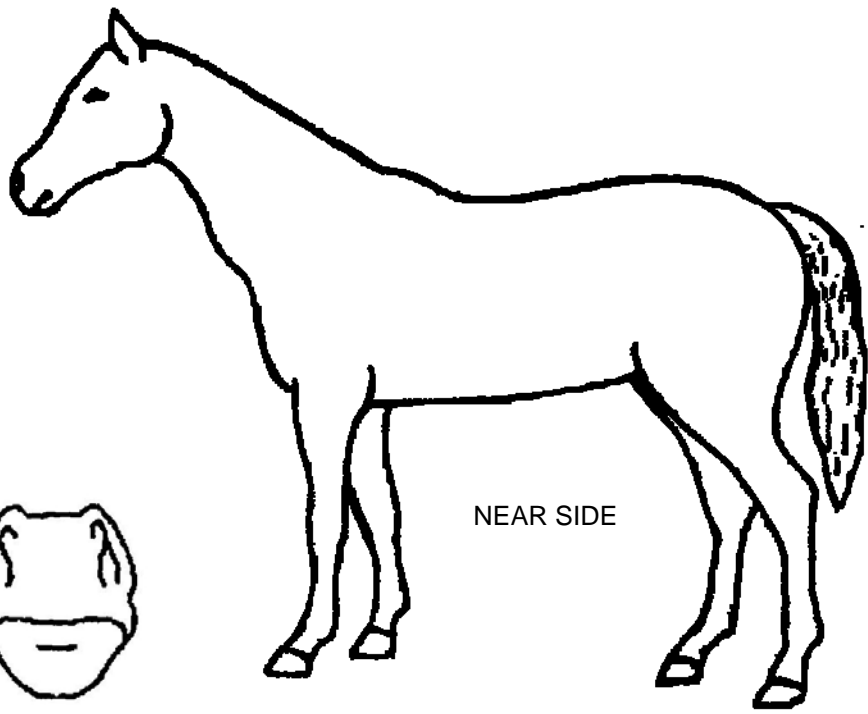
draw all brands, markings and scars - mark whorls with X, prophets thumbs with +



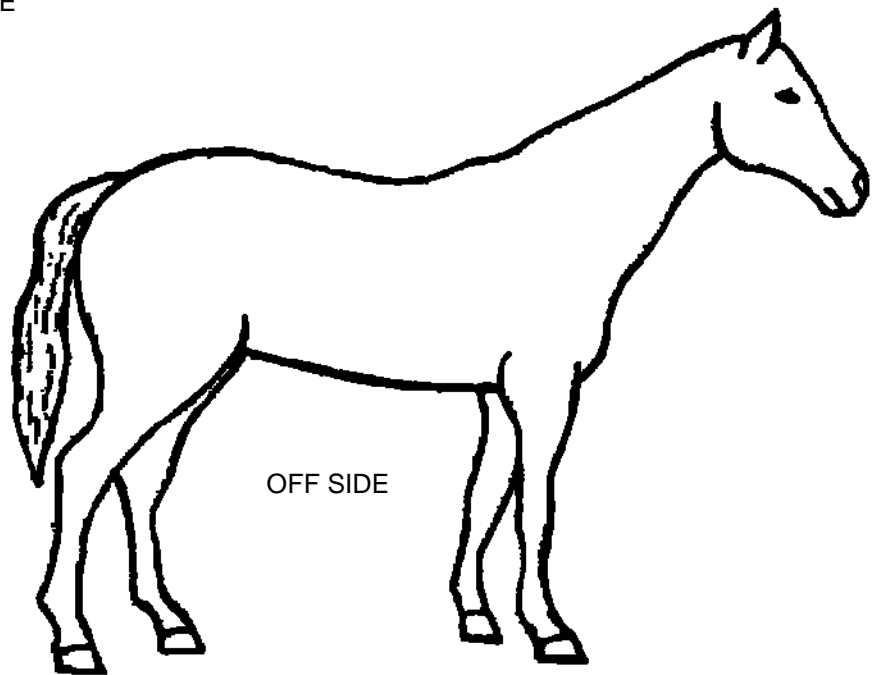
HEAD
FRONT VIEW



MUZZLE



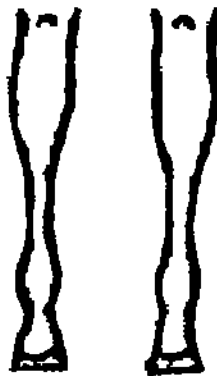
NEAR SIDE



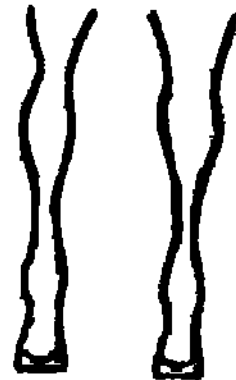
OFF SIDE



HEAD & NECK
VENTRAL VIEW



HIND LEGS
REAR VIEW



FORE LEGS
REAR VIEW