



Australasian Gypsy Horse Society Inc

Certificate of Soundness for Stallions

Please complete this form and send with registration/upgrade form to:

Cath Walker - Registrar
Australasian Gypsy Horse Society
PO Box 90
Oberon NSW 2787
registrar@gypsyhorsesociety.com.au

Please contact the Registrar for any further details – registrar@gypsyhorsesociety.com.au.

Horse's Name: _____ Reg. No: _____

Date of Birth: ____/____/____ Country of Birth: _____

Description of horse: _____

Micro-Chip No: _____

Owner's Name: _____ AGHS Membership No: _____

Stud Name: _____

Address: _____

Phone: _____ Email: _____

Below Section to be completed by qualified Veterinarian.

This is to certify that on ____/____/____ I examined the stallion described above and to the best of my knowledge and belief the horse is clinically normal and FREE of unsoundness's ticked below.

| | | | |
|---|---|--|---|
| <input type="checkbox"/> Bog Spavin | <input type="checkbox"/> Ringbone | <input type="checkbox"/> Thoroughpin | <input type="checkbox"/> Congenital eye defects or cataracts |
| <input type="checkbox"/> Sidebone | <input type="checkbox"/> Bone spavin | <input type="checkbox"/> Wobbler Syndrome | <input type="checkbox"/> Overshot/Undershot Jaw (more than 5mm) |
| <input type="checkbox"/> Curb | <input type="checkbox"/> Locking Stifle | <input type="checkbox"/> Hernia (scrotal or umbilical) | <input type="checkbox"/> Cryptorchidism/Monorchidism/Defective Genital Organs |
| <input type="checkbox"/> Shivering | <input type="checkbox"/> Cleft palate | <input type="checkbox"/> Stringhalt (congenital) | <input type="checkbox"/> Osteochondritis dessicans (OCD) |
| <input type="checkbox"/> Confirmed Height _____ | | | |

Any Other Hereditary Conditions that would prevent this horse from being considered as suitable breeding stock:

Notes: _____

Veterinarian Name: _____

Signature: _____ Date: ____/____/____ Time: _____

Practice Name and Phone Number: _____