

CONNEMARA PONY BREEDERS' SOCIETY OF AUSTRALIA INC.



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CERTIFICATE OF SUITABILITY FOR CONNEMARA STALLION / MARE

Owner _____

Owner Address _____

Person Requesting Examination _____

Address _____

Name of Pony Presented _____

Registration No _____ Brands _____

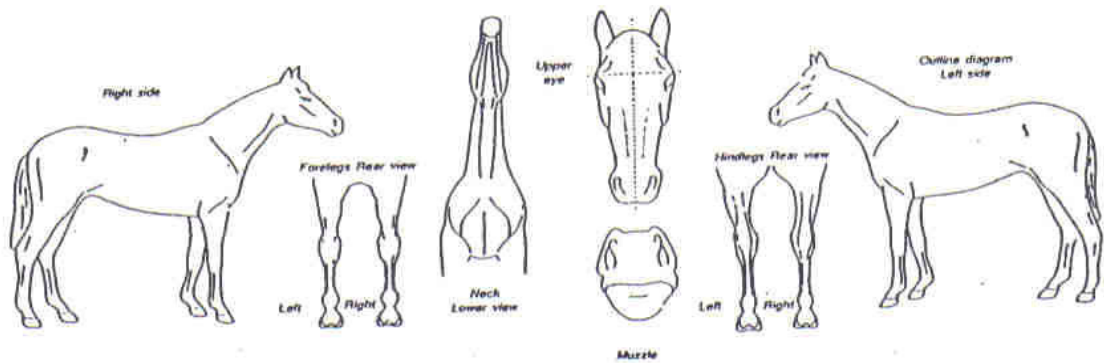
Colour _____ Sex _____

Age _____ Height _____

Sire _____ Colour _____ Reg.No: _____

Dam _____ Colour _____ Reg.No: _____

Description of Pony



CLINICAL EXAMINATION

I have examined the pony described above and in my opinion, as far as assessable, there is no evidence of the defects listed hereunder and the pony shows no obvious defect in conformation which may predispose to unsoundness for riding or breeding.

Congenital eye defects
Cleft Palate
Parrot Mouth (under 5.00mms permitted)
Defective Genital Organs
Locking Stifle
Ringbone
Side bone
Curb
Club feet

Bog Spavin
Hernia (umbilical or scrotal)
Stringholt (Congenital)
Albinism
Wobbler Syndrome
Cryptorchidism or monorchidism
Ostio Chronodditis Dessicans (OCD)
Bone Spavin

Practice Name _____

Address _____

Signed _____ (Veterinary Surgeon)

Date _____

THIS FORM TO BE SENT DIRECTLY TO FEDERAL SECRETARY BY VETERINARIAN.