



**AUSTRALIAN HEAVY HORSE
ASSOCIATION INC.**

Reg./VAC No. A0113279X

ABN 67 827 529 093

Stallion Veterinary Certificate of Good Health

This Stallion Vet Health Certificate **must** accompany breed registration papers

**ALL APPLICATIONS MUST HAVE 4 CLEAR CONFORMATION
PHOTOS INCLUDED WITH THIS APPLICATION & EVIDENCE
OF ANCESTRY / BREED SOCIETY REGISTRATION PAPERS.**

Stallion's Name **Registration #:**

Sire: **Registration #:**

Dam: **Registration #:**

DOB:/...../..... **Microchip#:**

Colour: **Type (circle one):** Light/Medium/Heavy

Description of horse:
.....

Pure Breed: **Part-Breed:**

Breed Association/Society Registered:

OWNER'S DETAILS

NAME:

ADDRESS:

SUBURB: **STATE:**

POSTCODE: **PHONE:**

EMAIL:

BREED REGISTRY: PLEASE TICK

<input type="checkbox"/>	Belgian Draft	<input type="checkbox"/>	Clydesdale	<input type="checkbox"/>	Cross Breed Clydesdale (50-50)
<input type="checkbox"/>	Drum	<input type="checkbox"/>	Fell Pony	<input type="checkbox"/>	Friesian
<input type="checkbox"/>	Gypsy Cob	<input type="checkbox"/>	Part Bred Gypsy Cob (50-50)	<input type="checkbox"/>	Irish Draught/Irish Sport Horse (ISH)
<input type="checkbox"/>	Morgan	<input type="checkbox"/>	Percheron	<input type="checkbox"/>	Shire
<input type="checkbox"/>	Spanish Variety Appendix	<input type="checkbox"/>	Suffolk Punch	<input type="checkbox"/>	Waler
<input type="checkbox"/>	Welsh Cob (D)	<input type="checkbox"/>	Welsh Pony of Cob Type (C)		
<input type="checkbox"/>	Other				



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STALLION VET HEALTH CHECK FORM

Section below **must** be completed by a qualified Veterinarian

I have examined the above-mentioned stallion to the best of my knowledge and belief for the purpose of determining breeding soundness and declare that the horse has passed the stallion soundness exam.

Under examination this stallion is believed to be **FREE** of unsoundness issues identified below.

Please tick whichever is appropriate

<input type="checkbox"/>	Bog Spavin	<input type="checkbox"/>	Congenital eye defects of cataracts	<input type="checkbox"/>	Ringbone	<input type="checkbox"/>	Thoroughpin
<input type="checkbox"/>	Monorchid/Cryptorchid testicles	<input type="checkbox"/>	Overshot/Undershot Jaw (more than 5mm)	<input type="checkbox"/>	Hernia (scrotal or umbilical)	<input type="checkbox"/>	Sidebone
<input type="checkbox"/>	Bone Spavin	<input type="checkbox"/>	Stifle Lock	<input type="checkbox"/>	Stringhalt (congenital)	<input type="checkbox"/>	Cleft palate
<input type="checkbox"/>	Wobbler syndrome	<input type="checkbox"/>	Curb	<input type="checkbox"/>	Shivering	<input type="checkbox"/>	Osteochondrosis
Confirmed Height							

Any other hereditary conditions or notes that would prevent this horse from being considered as a suitable breeding stock: _____

VETERINARIAN'S DETAILS		
Veterinarian's Name		
Practice Name		Phone: _____
Veterinarian's Signature		Date: ____/____/____ Time: _____

Owner's Signature: _____

Date: ____/____/____

Please complete this form to:
AUSTRALIAN HEAVY HORSE ASSOCIATION Inc.
EMAIL: ahhssecretary@outlook.com