Stallion Pre-Inspection Veterinary Certificate

Submission of this completed certificate prior to inspection is required for all stallions enrolled for AHS/ARS stallion licensing. Examination must be completed within six weeks of inspection.

Stallion Name: ____________________________________________
Registration number: ______________________________________
Foaling Date: ____________ Color: ______________ Height: ____________
Markings: __________________________________________________

Owner's Name: ______________________________________________

To be completed by veterinarian. If not Within Normal Limits, add comments as necessary.

Temperature: ____________

Temperament: WNL ABN Comments
Nutritional Status/Condition: WNL ABN Comments
Body Score 1-10 (circle one)  1 2 3 4 5 6 7 8 9 10
Eyes (in darkened room with light source): WNL ABN Comments
Mouth/teeth: WNL ABN Comments
Ears: WNL ABN Comments
Is the stallion a cribber? Yes _____ No _____
Is the stallion a weaver? Yes _____ No _____
Is the stallion currently on any medication? Yes _____ No _____
(If yes, please elaborate on separate sheet.)

Clinical Inspection and Palpation

Head WNL ABN Comments
Neck WNL ABN Comments
Withers WNL ABN Comments
Back WNL ABN Comments
Loins WNL ABN Comments

1 of 3
Croup
Exterior Urogenital Exam
Testicles
Integument
Any evidence of surgical scars?  No ___ Yes ___
Muscle symmetry
Hoof shape/symmetry
Is horse shod?  No ___ Yes ___
If shod, describe any special shoeing:

Does this stallion show any evidence of lameness?  Yes _____ No _____

**Neurologic examination**

Any indication of ataxia, incoordination, wobblers syndrome, “shivers”?

No____  Yes____

**WNL**  **ABN**

Cardiovascular: ___ ___  Heart Rate (rest)
Respiratory: ___ ___  Respiration Rate (rest)

**Horse is to be lunged in side reins at the canter prior to next two tests:**

Cardiovascular: ___ ___  Heart Rate (post exercise)
Respiratory: ___ ___  Respiration Rate (post exercise)

Is the horse a suspected roarer?  No___ Yes___
If yes, stallion must be referred to a veterinary clinic for endoscopic examination.

**Veterinary statement (check one box):**

☐ I have today examined the above-described stallion and find this horse to be satisfactory (i.e. within normal limits) as indicated in this examination.

OR

☐ Upon examination, it is my recommendation that this stallion be referred to a veterinary clinic for further evaluation on the following basis: ____________________________

______________________________________________

Veterinarian's name (printed) ______________________ State and License number ________________
Address_______________________________________ Phone________________________

I certify that the above is true and correct to the best of my knowledge.
To be completed by owner:

I hereby certify that to the best of my knowledge the stallion named above has not had any surgery or treatment to correct any defects or deficiencies. I specifically certify that the above named stallion has not had surgery for angular limb deformities, osteochondrosis or other joint deformities or leg deformities (check ligament surgery), crib biting, roaring, other wind infirmities and has not been nerved.

Owner's name (printed)

Address

Phone

Owner's signature ___________________________ Date: __________________________

A photocopy of the stallion’s registration papers, signed and dated by the above-named veterinarian, must accompany this document when submitted to the American Hanoverian Society.