



THE AMERICAN HANOVERIAN SOCIETY

**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: \_\_\_\_\_

	<b>WNL</b>	<b>ABN</b>	<b>Comments</b>
Temperament:	_____	_____	_____
Nutritional Status/Condition:	_____	_____	_____
Body Score 1-10 (circle one)			1 2 3 4 5 6 7 8 9 10
Eyes (in darkened room with light source):	_____	_____	_____
Mouth/teeth:	_____	_____	_____
Ears:	_____	_____	_____

Is the stallion a cribber? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the stallion a weaver? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the stallion currently on any medication?  
(If yes, please elaborate on separate sheet.) Yes \_\_\_\_\_ No \_\_\_\_\_

**Clinical Inspection and Palpation**

	<b>WNL</b>	<b>ABN</b>	<b>Comments</b>
Head	_____	_____	_____
Neck	_____	_____	_____
Withers	_____	_____	_____
Back	_____	_____	_____
Loins	_____	_____	_____

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.

Veterinarians signature \_\_\_\_\_ Date: \_\_\_\_\_

**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.**

**Last revised: 8/2020**