



CONNEMARA PONY STALLION VETERINARY ASSESSMENT

NAME OF STALLION: _____

(Print, please)

ID Number: _____ Stud Book No: _____

Microchip number (checked at inspection): _____

Year of Birth: _____ Height: _____ cms. Color: _____

Name of Owner at Assessment: _____

The purpose of the veterinary assessment of a colt is to declare that this animal is an apparently healthy animal and free from clinical signs of detectable hereditary diseases. Please examine the following areas and circle YES or NO answer as appropriate. If you answer YES to any point please add comments in appropriate space.

HEAD

- | | | | |
|----|--|------------|-----------|
| 1: | Mal-occlusion of jaw - Overshot (mms: _____) | YES | NO |
| | - Undershot (mms: _____) | YES | NO |
| 2: | Cataracts | YES | NO |

Comments: _____

BODY

- | | | | |
|----|--|------------|-----------|
| 1: | Evidence of sweet Itch | YES | NO |
| 2: | Umbilical or scrotal hernia | YES | NO |
| 3: | Any signs of corrective hernia surgery | YES | NO |

Comments: _____

HEART AND LUNGS (the strenuous exercise will be (lungeing))

- | | | | |
|----|---|------------|-----------|
| 1: | Abnormalities at rest | YES | NO |
| 2: | Abnormal respiratory noises during strenuous exercise | YES | NO |

Comments: _____

TESTICLES

- | | | | |
|----|-----------------------------|------------|-----------|
| 1: | Abnormal consistency | YES | NO |
| 2: | Abnormal size | YES | NO |
| 3: | Asymmetry left versus right | YES | NO |
| 4: | Rotated | YES | NO |

Comments: _____

LIMBS

- | | | | |
|----|-----------------------------------|------------|-----------|
| 1: | Luxation of patella | YES | NO |
| 2: | Bone spavin | YES | NO |
| 3: | Curb(s) | YES | NO |
| 4: | Ringbone(s) (high or low) | YES | NO |
| 5: | Sidebone(s) | YES | NO |
| 6: | Sandcrack(s)/brittle or weak feet | YES | NO |
| 6: | Synovial joint distensions | YES | NO |

Comments: _____

MOVEMENT (must include walk and trot on hard surface, turn sharply in either direction and perform flexion tests on all limbs)

1: Evidence of lameness at walk	YES	NO
2: Evidence of lameness at trot	YES	NO
3: Evidence of shivering or stringhalt	YES	NO
4: Positive flexion tests on hind limbs (30sec flexion)	YES	NO
5: Positive flexion tests on fore limbs (30 sec flexion)	YES	NO
6: Conformational weaknesses	YES	NO

Comments: _____

TEMPERAMENT

1: Unruly or intractable	YES	NO
2: Quiet – if unduly so consider dope test	YES	NO

Comments: _____

OTHER: _____

OPINION:

I hereby certify that the in my opinion based on the examination performed on

_____ this stallion named _____
(insert date) (insert animal name)

IS IS NOT free from clinical signs of hereditary disease likely to affect
(delete as appropriate)

his future breeding use and a blood sample has been taken.

Sample taken for HWSD testing

Signature of Veterinary Surgeon: _____ **Date:** _____

Name (inc Stamp): _____

Address: _____

Issued by –

British Connemara Pony Society, 24 Mount Pleasant Road, Alton, Hants GU34 1NN