



Quarter Pony Association Aus. Inc.

Height Certification

I _____, BVSC do hereby certify that I am a graduate veterinarian holding a current and valid license to practice in the State of _____ and that I have examined this day the following pony/horse.

NAME OF PONY	AGE:		
REGISTRATION NUMBER	PONY COLOUR		
GENDER	<input type="checkbox"/> STALLION/COLT	<input type="checkbox"/> MARE/FILLY	<input type="checkbox"/> GELDING

OWNERS DETAILS			
NAME	MEMBERSHIP NO		
ADDRESS			

PONY BRANDS Describe to the best of your ability.	NEARSIDE	
	OFFSIDE	
PONY MICRO-CHIP NO.		

PONY IS : please tick >	SHOD	UNSHOD
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I have measured the pony/horse on a suitable flat hard surface, and the height of the pony/horse is: _____ cms / inches / hh

SIGNATURE OF VETERINARIAN	EXAMINATION DATE	/ /
CLINIC NAME	EXAMINATION TIME	
CLINIC ADDRESS		
CLINIC PHONE NUMBER		

FORWARD FORM TO:	EMAIL	POST
Forward height certificate with any other req documents and your payment/proof of payment to QPAA	quarterponyassn.@gmail.com	QPAA P.O Box 457 Beaudesert 4285 Q