



Certificate of Health

Name of horse: _____ Registration #: _____

Foaled: __/__/__ Height hh _____ Colour: _____ Micro-chip: _____

Owner's Details

Name: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone: (____) _____ Email: _____

Signature: _____ Date: __/__/__

I _____ of _____
(Vet name) (practice)

Have examined the above-mentioned horse:

- | | | | | |
|------------------|--------------------------|-----|--------------------------|----|
| Parrot Mouth | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Undershot Jaw | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Polydactylism | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (Cloven hoof) | | | | |
| Post Hocks/ Legs | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Sickle Hocked | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Cow Hocked | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Any other defects or comments: eg: hernia, uneven testes _____

If stallion, Two fully descended testicles Yes No

Note: A cryptorchid or monorchid stallion is not eligible for registration (form to be completed if full before submitted to the Quarter Pony Ass. Aus. Inc.).

Veterinarian's Signature: _____ Date: __/__/__