



**CONNEMARA PONY MARE & GELDING
VETERINARY ASSESSMENT**

Registered Name of Pony: _____
(Please Print)

Studbook No: _____

Microchip number (checked at inspection): _____

OR

Brand: Near side/Left: _____ Off side/Right: _____

Year of Birth: _____ Coat Colour at inspection: _____

Name of Owner/Leasee at Assessment: _____

Email Address: _____

Phone No: _____

I hereby certify I have examined the above named pony and based on the findings of the clinical examination, there is no evidence of clinical signs of hereditary conditions at the date of examination.

Name of Veterinarian: _____ Date: / /

Signature of Veterinarian: _____

Name of Veterinary Practice: _____

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 or Undershot (under 5mm deviation permitted) | YES | NO |
| 2: Cataracts | YES | NO |

Comments: _____

BODY

- | | | |
|---------------|-----|----|
| 1: Sweet Itch | YES | NO |
|---------------|-----|----|

Comments: _____

LIMBS: If you circle “yes”, then, please identify the leg(s)

1: Sandcrack(s), brittle or weak feet, club foot. YES NO

Comments: _____

MOVEMENT; Must include walk and trot on hard surface; turn sharply in either direction. If you circle “yes”, then, please identify the leg(s)

1: Unsoundness at walk YES NO

2: Unsoundness at trot YES NO

3: Any evidence of shivering or stringhalt YES NO

Comments: _____

TEMPERAMENT

1: Unruly or intractable YES NO

Comments: _____

OTHER: _____

Send this completed form to the CPSNZ Registrar at registrar.cpsnz@gmail.com or see <http://horsetalk.co.nz/connemara/contact.shtml> for Registrar's postal address

CPSNZ Office Use only	Received on date:
Received by CPSNZ Registrar:	CPSNZ registrar Signature: