



**CONNEMARA PONY STALLION
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 (mms: _____) | YES | NO |
| | | - Undershot (mms: _____) | YES | NO |
| 2: | Cataracts | | YES | NO |

Comments: _____

BODY

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

Comments: _____

HEART AND LUNGS (strenuous exercise may be either loose gallop or 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: If you circle “yes”, then, please identify the leg(s)

- | | | | |
|----|-------------------------------------|-----|----|
| 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 |
| 7: | Abnormal synovial joint distensions | 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 |
| 4: | Conformational weaknesses | YES | NO |

Comments: _____

TEMPERAMENT

- | | | | |
|----|--------------------------------------|-----|----|
| 1: | Unruly or intractable | YES | NO |
| 2: | Suggest dope testing as unduly quiet | 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 adress

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