

CSHA Veterinarian Stallion Inspection – Page 2

| | Normal | Defective |
|----------------|--|--|
| Body | _____ | Umbilical hernia _____ |
| Genitalia | Testicular size & degree of descent _____ | Cryptorchidism, inguinal hernia _____ |
| Movement | Proper action at walk, trot, turning, and backing _____ | Luxation of the patella, wobbler disease, stringhalt _____ |
| General Health | Normal heart & respiration sounds (following trotting) _____ | Infectious/ contagious disease unsuitable for breeding _____ |

Comments

I hereby certify that I have examined the animal as identified on this document and verify that he meets the requirements for registration.

Name of Veterinarian _____
Address _____

Date _____ Signature _____