The Shetland Pony Stud-Book Society
VETERINARY STALLION ASSESSMENT

STALLION NAME: _____

	REMARKS	Height :
		Comments
HEAD	Teeth: Undershot [ ] no [ ] yes	
	Overshot [ ] no [ ] yes	
	Eyes : Cataract [ ] no [ ] yes	
Nothing to remark [ ]	Any Other Comments :	
BODY	Sweet Itch [ ] no [ ] yes	
	Hernia [ ] no [ ] yes	
Nothing to remark [ ]	Any Other Comments :	
HEART AND LUNGS	Normal at rest [ ] yes [ ] no	
Nothing to remark [ ]	Any Other Comments :	
TESTICLES	Abnormally soft [ ] no [ ] yes	
	Abnormally hard [ ] no [ ] yes	
Nothing to remark : [ ]	Abnormal/unequal size [ ] no [ ] yes	
	Rotated [ ] no [ ] yes One [ ] Two [ ]	
	Any Other Comments :	
LIMBS	Stifle [ ] no [ ] yes Luxating patella	
	Hocks [ ] no [ ] yes Abnormal	
Nothing to remark [ ]	Fetlock [ ] no [ ] yes Abnormal	
	Hooves [ ] no [ ] yes Strong, sound and correctly shaped	
MOVEMENT		
Nothing to remark [ ]	Any Other Comments :	
TEMPERAMENT	Not suitable for examination [ ]	
	Recommend dope testing [ ] no [ ] yes	
Nothing to remark [ ]	Any Other Comments :	
OTHER		

PROOF

I certify that the pony named above is: [ ] acceptable [ ] not acceptable on the date below.

Signature of Veterinary Surgeon ..... Date .....

Name of Veterinary Surgeon .....

PLEASE ENSURE ALL 4 PAGES ARE COMPLETED – THANK YOU!

THE SHETLAND PONY STUD-BOOK SOCIETY

Name of Animal : _____

Stud-Book Number : _____

Freeze mark/Brand Microchip number (Signalment key)										

Hair Sample taken to send to lab for parentage test: **YES / NO**

I, the undersigned, hereby certify that I have examined the above named colt on _____

under the auspices of the guidelines as laid down by the UK Shetland Pony Stud-Book Society.

In my opinion, this animal is: **acceptable** for use as a breeding stallion as examined on this day

not acceptable for use as a breeding stallion as examined on this day

Reasons for decision (if not accepted)

_____

_____

_____

_____

_____

PROOF

Name of Veterinary Surgeon _____

Address _____

_____

_____

Signature of Veterinary Surgeon _____ Date _____