



STALLION SOUNDNESS CERTIFICATE

Registered Name of Stallion			
NZGCA Registration No:		Age:	
Registration Owner:			
Address:			
Phone No:		Email:	

CERTIFICATION BY VETERINARIAN

I hereby certify that I have examined the abovenamed stallion and found the stallion to have no clinical evidence of the following conditions at the date of the examination:

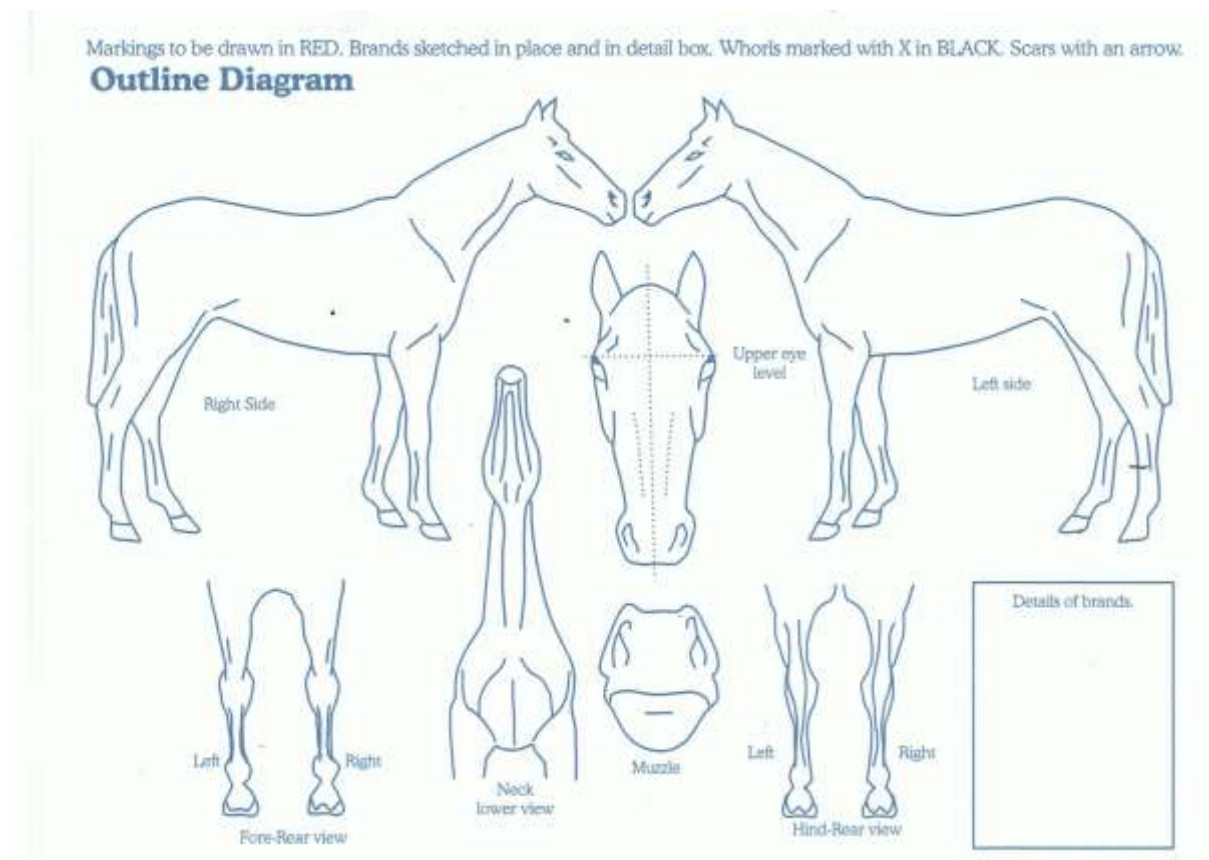
Name of Vet: _____ Date of Examination: _____

Place a tick in the box only if the stallion is free of the condition. Place an X in the box if the stallion shows signs of the condition and add a comment if appropriate.

	Congenital Cataracts	
	Overshot Jaw	
	Parrot Mouth	
	Malformation of Genitals (external examination only)	
	Cyptorchid or Monorchid	
	Locked Stifle	
	Nasal disease	
	Stringhalt	
	Other Determinable Genetic Faults	

Please complete exact markings of the stallion:

Colour: _____ Eye Colour: _____



Signed by: _____ Date: _____
Signature of Veterinarian

Signed by: _____ Date: _____
Registered Owner or his/her agent

Please return this form to: Tracy Wilde
2265B Kakarama Road
RD10
Hamilton 3290