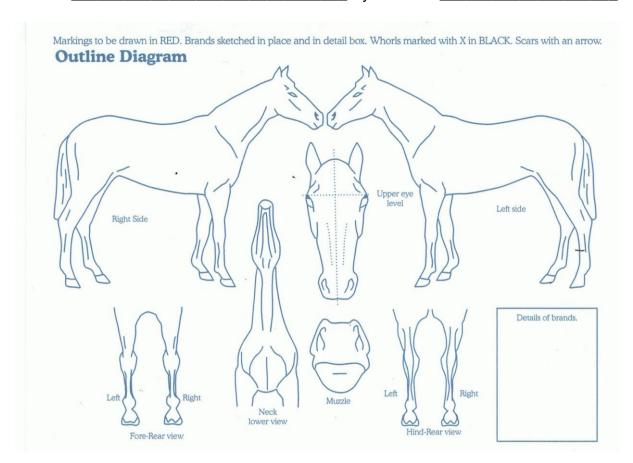


## NZGCA STALLION SOUNDNESS CERTIFICATE

Registered Name of Stallion								
NZGCA Registration No:				Age:				
Registration Owner:				·				
Address:								
Phor	none 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:								
Nam	ne 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.								
	Congenita	l Cataracts						
	Overshot	Jaw						
	Parrot Mo	uth						
		tion of Genitals examination						
	Cyptorchi	d or Monorchid						
	Locked St	ifle						
	Nasal dise	ease						
	Stringhalt	:						
	Other Det Genetic Fa	erminable aults						

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: registrar@nzgca.co.nz