



NZGCA 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)	
	Cyrtorchid or Monorchid	
	Locked Stifle	
	Nasal disease	
	Stringhalt	
	Other Determinable Genetic Faults	

Please complete exact markings of the stallion:

Colour: _____ Eye Colour: _____

Markings to be drawn in RED. Brands sketched in place and in detail box. Whorls marked with X in BLACK. Scars with an arrow.

Outline Diagram

Right Side

Left side

Upper eye level

Left

Right

Fore-Rear view

Neck lower view

Muzzle

Left

Right

Hind-Rear view

Details of brands.

Signed by: _____ Date: _____
Signature of Veterinarian

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

Please return this form to: registrar@nzgca.co.nz