



Stallion Soundness Certificate

Return form to:
AIMHCNZ Registrar: Linda Jackson
93 Manutahi RD, RD 2, New Plymouth 4372
Or email
aimhcnz.registrar1@gmail.com

Registered name of Stallion:-

AIMHCNZ Registration Number: _____ Foaling Date: _____

Owner Name: _____

Address: _____

Phone: _____

Email: _____

The following must be completed by a qualified Veterinarian

Note to Vet: Please compare this horse with the photos and details on the Registration certificate/ or application for registration form, to confirm identity of the horse.

**Please tick alongside each listed condition - only if the stallion is free of the condition.
Place an X alongside each listed condition if the stallion shows signs of the condition and add a comment if appropriate.**

- **Congenital Cataracts** _____
- **Brachygnathia (overshot jaw)** _____
- **Prognathia (Undershot jaw)** _____
- **Obvious characteristics of Dwarfism** _____
- **Malformation of the genitals** _____
- **Absence of both testicles in scrotum due to Cryptorchidism or Monorchidism** _____
- **Locked stifle** _____
- **Abnormal Airway Conformation** _____
- **Other determinable genetic faults which should prevent this horse obtaining a stallion soundness certificate.**

Please list obvious markings, whirls, brands, eye colour, scars, etc.

Veterinary Surgeons declaration:

**I(name),
hereby certify that on the20__ . I examined the above named
stallion and found the horse to have no clinical evidence of the above listed
conditions at the date of examination.**

Signed:

Height certification: We hereby certify that the above named horse was _____ inches in height, when measured in accordance with AIMHCNZ accepted Registry regulations.

Measurer: _____ (name). _____ (signature).

Witness: _____ (name). _____ (signature).

Declaration:

I/We hereby certify that all information supplied in relation to this stallion soundness application is true and correct to the best of our knowledge. I/We acknowledge that information provided in this application may be used in any official publication. Furthermore I accept that once this form has been lodged that there will be no refund of any fees, should I decide to withdraw my application.

Owners Signature(s): _____ Date: _____