



## CONNEMARA PONY STALLION VETERINARY ASSESSMENT

**NAME OF STALLION:**

\_\_\_\_\_  
(Print, please)

ID Number: \_\_\_\_\_ Stud Book No: \_\_\_\_\_

Microchip number (checked at inspection):  
\_\_\_\_\_

Year of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ cms. Color: \_\_\_\_\_

Name of Owner at Assessment: \_\_\_\_\_

The purpose of the veterinary assessment of a colt is to declare that this animal is a sound animal and free from clinical signs of hereditary diseases. Please examine the following areas and circle YES or NO answer as appropriate. If you answer YES to any point please add comments in appropriate space.

### **HEAD**

- |   |            |           |
|---|------------|-----------|
| 1: Mal-occlusion of jaw - Overshot (mms: _____) | <b>YES</b> | <b>NO</b> |
| - Undershot (mms: _____)                        | <b>YES</b> | <b>NO</b> |
| 2: Cataracts                                    | <b>YES</b> | <b>NO</b> |

Comments: \_\_\_\_\_

### **BODY**

- |   |            |           |
|---|------------|-----------|
| 1: Sweet Itch                             | <b>YES</b> | <b>NO</b> |
| 2: Umbilical or scrotal hernia            | <b>YES</b> | <b>NO</b> |
| 3: Any signs of corrective hernia surgery | <b>YES</b> | <b>NO</b> |

Comments: \_\_\_\_\_

### **HEART AND LUNGS** (strenuous exercise may be either loose gallop or lungeing)

- |  |            |           |
|--|------------|-----------|
| 1: Abnormalities at rest                                 | <b>YES</b> | <b>NO</b> |
| 2: Abnormal respiratory noises during strenuous exercise | <b>YES</b> | <b>NO</b> |

Comments: \_\_\_\_\_

### **TESTICLES**

- |                                |            |           |
|--------------------------------|------------|-----------|
| 1: Abnormal consistency        | <b>YES</b> | <b>NO</b> |
| 2: Abnormal size               | <b>YES</b> | <b>NO</b> |
| 3: Asymmetry left versus right | <b>YES</b> | <b>NO</b> |
| 4: Rotated                     | <b>YES</b> | <b>NO</b> |

Comments: \_\_\_\_\_

### **LIMBS:** If you circle "yes", then, please identify the leg(s).

- |                        |            |           |
|------------------------|------------|-----------|
| 1: Luxation of patella | <b>YES</b> | <b>NO</b> |
| 2: Bone spavin         | <b>YES</b> | <b>NO</b> |
| 3: Curb(s)             | <b>YES</b> | <b>NO</b> |

4:	Ringbone(s) (high or low)	<b>YES</b>	<b>NO</b>
5:	Sidebone(s)	<b>YES</b>	<b>NO</b>
6:	Sandcrack(s)/brittle or weak feet	<b>YES</b>	<b>NO</b>
6:	Abnormal synovial joint distensions	<b>YES</b>	<b>NO</b>

Comments: \_\_\_\_\_

**MOVEMENT;** Must include walk and trot on hard surface; turn sharply in either direction, and perform flexion tests on all limbs. If you circle "yes", then, please identify the leg(s).

1:	Unsoundness at walk	<b>YES</b>	<b>NO</b>
2:	Unsoundness at trot	<b>YES</b>	<b>NO</b>
3:	Any evidence of shivering or stringhalt	<b>YES</b>	<b>NO</b> 4: Positive
	flexion tests on hind limbs (30sec flexion)	<b>YES</b>	<b>NO</b>
5:	Positive flexion tests on fore limbs (30 sec flexion)	<b>YES</b>	<b>NO</b>
6:	Conformational weaknesses	<b>YES</b>	<b>NO</b>

Comments: \_\_\_\_\_

**TEMPERAMENT**

1:	Unruly or intractable	<b>YES</b>	<b>NO</b>
2:	Suggest dope testing as unduly quiet	<b>YES</b>	<b>NO</b>

Comments: \_\_\_\_\_

**OTHER:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that the Connemara Pony Stallion: \_\_\_\_\_

**IS IS NOT** free from clinical signs of hereditary disease likely to affect his future (mark as appropriate) breeding use when examined on the date below:

**Signature of Veterinary Surgeon:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name (inc. Stamp):** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

(19<sup>th</sup> August 2008)