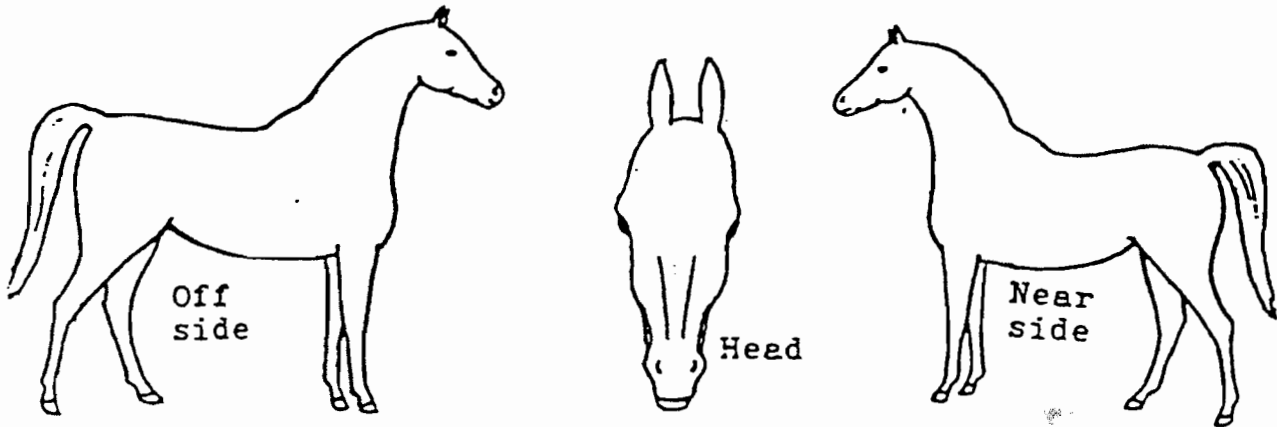


**STALLION CERTIFICATE OF SUITABILITY
BUCKSKIN HORSE ASSOCIATION NSW**



OWNER:
ADDRESS:
NAME OF HORSE PRESENTED:
COLOUR: SEX: AGE:
BREED: HEIGHT:
SIRE: DAM:

DESCRIPTION OF HORSE



CLINICAL EXAMINATION

PLACE OF EXAMINATION:
PURPOSE OF EXAMINATION: SUITABILITY FOR THE BREEDING OF BUCKSKIN HORSES/PONIES.

* I Have examined the horse/pony described above and in my opinion, as far as is assessable, there is no evidence of any of the defects listed hereunder :-

- Congenital eye defects
- Cleft Palate
- Parrot mouth (overshot by more than 5.0mm)
- Ringbone
- Sidebone
- Curb
- Bone spavin
- Bog Spavin
- Hernia (umbilical or scrotal)
- Stringhalt (congenital)
- Cryptorchidism or monorchidism
- Defective genital organs
- Locking Stifle
- Wobbler Syndrome
- Albinism
- Ostio Chrondditis Dessicans (OCD)

and accordingly, find the horse/pony to be suitable for the purpose for which it has been examined.

PRACTICE NAME AND ADDRESS :

.....
.....

SIGNED:(Veterinary Surgeon) DATE: