



ICELANDIC HORSES NEW ZEALAND Inc. (IceHNZ)

## STALLION VETERINARY CERTIFICATE

This is to certify that I have today, ...../...../....., physically examined the ..... year old stallion  
.....(FULL name),  
FEIF ID ....., microchip .....,  
and my findings are as follows :

	Normal	Abnormalities found and description
External genitalia (cryptorchidism)	<input type="checkbox"/>	
Teeth and jaws (overshot or undershot)	<input type="checkbox"/>	
Medial or lateral luxation of patella	<input type="checkbox"/>	
X-rayed for Bone Spavin and osteochondritis )*	<input type="checkbox"/>	

\*)For stallions 5 year and older:

*A complete radiographic examination is requested including four different projections of each hock (Lateromedial (LM) Dorsolateral-plantar medial oblique (DL-PIMO), Plantar lateral-dorsomedial oblique (PIL-DMO) and Dorsoplantar (DPI). Size 24-30. Each film has to be documented with the date, life No, microchip/brand, object R/L indication).*

In my opinion the findings set out above should not preclude the use of this horse as a breeding stallion

.....  
Signature of Vet                                      Date                                      Stamp

.....  
Vet's name in capitals