STALLION GRADING CERTIFICATE

To be completed by Veterinary Surgeon

nominated by the Owner **IDENTIFICATION** Name of Horse Breed/Type Colour Date of Birth Left Side **Right Side** ŀ Fore Hind **Rear View** Rear View Left Muzzle Right. Right Head and Neck Left Ventral View *Instructions:* 1. Written descriptions should be in block capitals. 2. Written descriptions and diagrams should agree. 3. All markings should be hatched in red. 4. Whorls must be shown thus 'X' and described below in detail. Head:_____ Neck: Limbs: L.F. _____ R.F.____ L.H._____ R.H. Body: Acquired Marks/Brands: _____ Height: _____ (Hands) _____ (cms) With/Without Shoes. Bone: _____ (Inches)_____ (cms) Girth: _____ (Inches)_____ (cms) The Property of (Name & Address): _____

At (Place of Examination): _____ Date: _____

The examination is carried out substantially in accordance with the standard procedure recommended by the R.C.V.S and the B.V.A. (Joint Memorandum on the Examination of Horses 1976 revised 1985). The examination is set out in five stages:

- 1. Preliminary examination.
- 2. In-hand exercise.
- 3. Strenuous exercise.
- 4. Period of rest.
- 5. Second trot up and foot examination.

Evidence of any disease or defect should be assessed with regard to these permanently rendering the animal unsuitable for breeding. Each animal should be qualified with pertinent comments. "Satisfactory" is acceptable as a minimal opinion.

1. **Preliminary Examination**

- a. <u>Conformation</u>. The Conformation is entirely a matter for the breed society. However, conformation which is potentially deleterious or detrimental to athletic ability or durability should be recorded and discussed.
- b. Head
 c. Neck
 d. Limbs
 e. Body
- f. <u>Genitalia</u> Testicular size, texture and degree of descent. Both testicles must be capable of full descent into the scrotum and their sizes should not vary greater than 10%. There should be no evidence of cryptorchidism inguinal hernia.

2. In-Hand Exercise

Action at the walk and trot on a hard level surface.

Turning in the horse's own length and trotting away.

Backing.

Distal limb flexion tests.

3. Strenuous Exercise

Action at the walk, trot and canter on the lunge or under saddle on both reins. The exercise must be strenuous enough to exert the horse's cardio-vascular and locomotor systems within the limit of its fitness. There should be no evidence of laryngeal hemiplagia or pharyngeal dysplasia or of surgical correction for these.

4. Period of Rest.

Observation for the presence of steriotypic behaviour (vices) and other temperamental problems. Observation of stance in the box. Heart rate and respiratory recovery times.

5. Second Trot up and Foot Examination

<u>Note.</u> This external examination does not include any special techniques other than: 1. Blood typing.

2. Blood samples for non-normal nutrients.

At the examining veterinary surgeon's request other special techniques such as endoscopy, radiography, ultrasonography and haematological examinations may be used.

Special techniques and findings performed:

I found no clinical signs of disease, injury of physical abnormality which may render the above horse permanently unsuitable for stud purposes other than recorded above. In my opinion this horse is clinically free from conformation defects currently thought to be hereditable. This clinical examination is not such as to determine this horse's athletic ability and durability with particular regard to such diseases or injuries which might compromise these.

Veterinary Surgeon's name	
(Block Capitals) Address	
Votorinany Surgoon's signature	
I certify that the above horse has not b previous three weeks.	een administered any non-normal nutrients within the
Owners name	
(Block Capitals)	
Address	
Veterinary Surgeon's signature	
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DIRECTIVES FOR VETERINARY SURGEONS

The enclosed certificate is in respect of a stallion/mare, which the owner required to be inspected at his/her own expense.

You are requested to determine whether the stallion/mare is affected by disease or conformation defects, which would render it unsuitable for breeding. Please see enclosed veterinary standards relating to the approval of stallions.

Should the animal inspected be affected by any one of the conditions to an extent rendering you unable to certify that it is suitable for breeding purposes, please return the unsigned certificate with a statement specifying the reasons.

PLEASE FILL IN COMPLETELY.

I am/am not the veterinary surgeon who normally attends this animal.

I have/have not attended this animal in respect of lameness in any limb in the last twelve months.

I have/have not prescribed phenylbutazone.

IF YOU HAVE ATTENDED THIS ANIMAL PLEASE GIVE DETAILS BELOW, IN FULL WITH TREATMENT.

I have/have not treated this animal for any wind defect in the last twelve months.

I, THE UNDERSIGNED, CERTIFY THAT I HAVE IDENTIFIED AND EXAMINED THE HORSE DESCRIBED ON THE ATTACHED CERTIFICATE. I FIND THE ANIMAL SUITABLE FOR BREEDING PURPOSES.

Signed:	Stamp:
Address:	
Date:	

RETURN THIS CERTIFICATE WITH YOUR ENTRY FORM AND FEE.

GUIDELINES FOR VETERINARY INSPECTIONS OF STALLIONS BY BODIES AFFILIATED TO THE NATIONAL STALLION ASSOCIATION

<u>OBJECT</u> THE OBJECT OF THE EXAMINATION IS TO EXCLUDE STALLIONS WHICH MAY PASS ON VETERINARILY UNDESIRABLE TRAITS. ALLOWANCE MAY BE MADE FOR OBVIOUS OR PROVEABLE INJURY. THE EXAMINATION WILL BE CARRIED OUT USING A SIMILAR PROCEDURE TO THE FIVE STAGE EXAMINATION FOR PURCHASE.

APPEALS

IN THE EVENT OF DISPUTE OR DOUBT CONCERNING THE EXAMINATION BY THE ORIGINAL VETERINARY SURGEON, THE STALLION MAY BE REFERRED BY THE ORIGINAL VETERINARY SURGEON TO A RECOGNISED CENTRE OF EXCELLENCE OF THE STALLION OWNERS CHOICE FOR A SECOND OPINION. THIS SECOND OPINION WILL BE THE FINANCIAL RESPONSIBILITY OF THE STALLION OWNER AND ITS RESULT WILL BE BINDING.

STATIC INSPECTION

<u>CONFORMATION</u> GENERAL APPEARANCE IS A MATTER FOR THE BREED SOCIETY, DETAILED CONFORMATION IS A MATTER FOR THE VETERINARY SURGEON.

HEAD MOUTH. THERE SHOULD BE NO EVIDENCE OF MALFORMATION OR MISALIGNMENT OF TEETH AND/ OR JAWS, PARROT MOUTH (DEFINED AS THERE BEING NO OVERLAP OF INCISOR TABLES) CLEFT PALATE OF ANY DEGREE.

EYES: THERE SHOULD BE NO EVIDENCE OF ABMORMALITY OF THE LENS, IRIS OR RETINA.

THROAT: THERE SHOULD BE NO SIGNS OF OPERATION FOR WIND DEFECTS.

LIMBS: THERE SHOULD BE NO <u>EVIDENCE</u> OF LIMB OR FOOT ABNORMALITIES AND/ OR DISEASE LIKELY TO COMPROMISE THE PERFORMANCE OF OFFSPRING.

<u>GENITALIA</u>: BOTH TESTICLES SHOULD BE OF NORMAL TEXTURE, FREELY MOBILE AND CORRECTLY ORIENTATED WITHIN THE SCROTUM. THERE SHOULD BE NO EVIDENCE OF INGUINAL OR SCROTAL HERNIA. <u>BODY:</u> THERE SHOULD BE NO EVIDENCE OF UMBILICAL HERNIA.

MOVING INSPECTION

INHAND MOVEMENT WILL BE STUDIED AT WALK AND TROT TURNING AND BACKING. THE STALLION WILL BE EXAMINED FOR LOCKING PATELLA, STRINGHALT, SHIVERING AND WOBBLER DISEASE. ANY LAMENESS WILL BE INVESTIGATED FOR CAUSE.

LUNGEING OR UNDER SADDLE MOVEMENT WILL BE STUDIED AT CANTER. THE STALLION WILL BE EXAMINED FOR EVIDENCE OF LARNGEAL HEMIPLEGIA. ANY LAMENESS WILL INVESTIGATED FOR CAUSE.

NOTES AT THE EXAMINING VETERINARY SURGEON'S REQUEST, SPECIALTECHNIQUES SUCH AS ENDOSCOPY, RADIOLOGY OR HAEMATOLOGY MAY BE USED IF THOUGHT NECESSARY TO FULFIL THE PURPOSE OF THE EXAMINATION.

ALTHOUGH THIS PROTOCOL IS EXTENSIVE IT IS NOT EXCLUSIVE. THE EXAMINING VETERINARY SURGEON MAY BRING TO THE ATTENTION OF NASTA ANY CONDITION DISPLAYED BY THE STALLION WHICH IN HIS OR HER OPINION MAY CONFLICT WITH THE PURPOSE OF THE EXAMINATION.

<u>PREPARATION</u> THE STALLION SHOULD BE WELL HANDLED AND CAPABLE OF BEING LUNGED AND HAVING HIS FEET PICKED UP.

DANGEROUS OR BADLY BEHAVED STALLIONS WILL HAVE THEIR EXAMINATION DISCONTINUED

BRITISH SKEWBALD AND PIEBALD ASSOCIATION

"Everything for the Coloured Horse Enthusiast" Established 1988

Lynda Lodge Chairman



STANLEY HOUSE SILT DROVE TIPPS END WELNEY CAMBS PE14 9SL.

DIRECTIVES TO VETERINARY SURGEONS

THE ENCLOSED CERTIFICATE IS IN RESPECT OF A STALLION/MARE, WHICH THE OWNER REQUIRED TO BE INSPECTED AT THEIR OWN EXPENSE.

YOU ARE REQUESTED TO DETERMINE WHETHER THE STALLION/MARE IS AFFECTED BY DISEASE OR DEFECTS, WHICH WOULD RENDER IT UNSUITABLE FOR BREEDING. PLEASE SEE ENCLOSED VETERINARY STANDARDS RELATING TO THE APPROVAL OF STALLIONS.

SHOULD THE ANIMAL INSPECTED BE AFFECTED BY ANY ONE OF THE CONDITIONS TO AN EXTENT RENDERING YOU UNABLE TO CERTIFY THAT IT IS SUITABLE FOR BREEDING PURPOSES, PLEASE RETURN THE UNSIGNED CERTIFICATE WITH A STATEMENT SPECIFYING THE REASONS.

VETERINARY SURGEONS CERTIFICATE

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I THE UNDERSUGNED CERTIFY THAT I HAVE IDENTIFIED AND EXAMINED THE HORSE/PONY DESCRIBED ON THE ATTATCHED CERTIFICATE. I FIND THE ANIMAL SUITABLE FOR BREEDING PURPOSES.

SIGNATURE AND STAMP:

ADDRESS:

DATE:

BSPA/05